



For Office Use Only:
 Class Day _____
 Class Time _____
 Class Type _____

Registration Fee \$ _____
 Tuition \$ _____
 Date Paid _____ / _____ / _____
 Date Entered _____ / _____ / _____

Class Registration Form 2009-2010

Child's Name	Mother's Name	Father's Name
Age/Birthdate	Address	City Zip Code
Home Phone Number	Mother's Cell/Work #	Father's Cell/Work #
Emergency Contact	Emergency Contact #	Medical Information
Insurance Company	Policy Number	Parent's Email
Do you have any other children at IGG? Names:	How did you hear about us? _____	*Please read our policies listed below & sign. *All policies are strictly enforced*

*Monthly payments are based on a 4-week month. Some months have 5 weeks and some may only have 3 weeks (due to holidays, etc.). This will average out to the correct 4-week monthly payment.

*REGISTRATION FEES ARE NOT REFUNDABLE and will be charged annually every August. Registration fees are \$35.00 (Aug.-Oct.) and will be prorated for the remainder of the year (Nov.-July). If more than 1 child attends, he/she will only be charged an additional \$15.00 registration fee (Aug.-Oct.) and prorated for the remainder of the year.

*It is the RESPONSIBILITY OF THE PARENTS to pay each month, we will not send out monthly statements.

*PAYMENT IS DUE BY THE 5TH OF THE MONTH. If payment is received after the 5th, a \$20.00 late fee will be charged to your account. If payment is not received by the 15th of the month, your child WILL NOT be allowed to participate in class.

*Make-up classes are the standard procedure for classes missed due to illness, family vacation (the coach and office must be notified in advance), or family emergency. Please call to schedule accordingly– must be made up during the following month. Limit 2 make-up classes per month.

*If a check is returned to us for insufficient funds, you will be assessed a \$20.00 service charge, plus any bank fees IGG incurs.

***IGG does not have sessions. We enroll on a constant basis and thus you are not obligated for any period of time. However, we do REQUIRE A WRITTEN NOTICE 30 DAYS PRIOR to withdrawing from class. You are responsible for full payment for the month that you fail to give notice. This policy may be waived if the reason is an emergency as a result of illness as documented by a licensed physician. By registering your child for class you agree that, in the event it is necessary to take legal action to collect any amounts due and owing to IGG, you will also be held liable for costs and attorneys fees incurred by IGG in collecting those amounts due. Initial _____**

*I understand that participation in gymnastics involves motion, rotation and weight in a unique environment and as such involves the risk of injury. I understand also that as a spectator or parent participating in a parent-child class, there is also a risk of injury. I understand that I will be responsible for all medical expenses which may occur from my child's participation at IGG, including my own or my family's.

Signature _____ Date _____