

Policy Agreement

1. I understand that full payment is due upon registration.
2. I understand that on a 5 week month I will pay an extra \$18.50 for each child.
3. I understand that if I bounce a check I will pay a fee of \$25.00.
4. I understand that my payment is late after the 10th of each month and that a charge of \$10.00 will be applied to my account if late.
5. I understand that I do not receive a written bill unless my payment is late or my insurance is due.
6. I understand that if I need to drop my child from classes that I must notify the office during the first week of the month or I may be charged for the entire month. Gymnastics Pacifica **does not refund** any money paid.
7. I understand there are make-up classes and that they must be scheduled in advanced. Make-up classes are not available for re-scheduling.
8. I understand that my child must be currently enrolled at Gymnastics Pacifica and current on billing to participate in a make-up class.
9. I understand that there is a \$30.00 annual (anniversary date) insurance registration fee that must be kept current.
10. I understand that only gymnasts currently attending a class are allowed out on the floor.
11. I understand that the las month deposit is non-refundable. It may only be used for the students last month here.

I have read and understand the above statements.

I give my permission and consent for a licensed doctor or physician to administer the necessary aid to my child(ren) _____ should he/she become injured or sick while in attendance at or while participating in any activity associated with Gymnastics Pacifica Inc. and to do so without having to wait until I/we are contacted.

Guardian Signature: _____ Relationship: _____ Date: _____