



# Above the Bar Gymnastics Academy

Trial Class: \_\_\_\_\_

Enrolled Class: \_\_\_\_\_

**FOR STAFF USE ONLY**

## 2017-2018 Registration Form

Participant Name: \_\_\_\_\_ ( M / F ) Age \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Participant Name: \_\_\_\_\_ ( M / F ) Age \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Participant Name: \_\_\_\_\_ ( M / F ) Age \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_ **We primarily communicate by e-mail.**

**Emergency Contacts** – Who should we call in case of an emergency? (Parent/Guardian listed above will be called first.)

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**(Optional) Authorized Alternate Pickup** – Provide full name of specific people who you authorize to pick up your child(ren) from Above the Bar Gym.

Full Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please advise your Emergency Contacts & Authorized Alternate Pickups to add our phone numbers to their contact list.**  
**Above the Bar Gymnastics (Columbia Memorial) 832.932.1466 & 281.535.2244**  
**Above the Bar Athletics (Hwy 3) 281.672.7198**

Describe any conditions relevant to gymnastics program activities and how they are being managed (e.g., asthma, environmental or food allergies, disabilities, previous injuries, ADD, ADHD etc.). All information will be held in confidence with ATBGA staff, only.

*Above the Bar Gymnastics Academy is a licensing-exempted skills program. We are not a State licensed child care facility.*

**PLEASE COMPLETE & SIGN PAGE 2**



Last Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ENROLLMENT POLICIES & PROCEDURES

Please read and acknowledge our policies by initialing in the spaces provided. A copy of your signed form will be provided upon request or our policies are available on our website.

Initial	<b>Class enrollment</b> is month-to-month so your child is automatically enrolled each month until you provide written notice of withdrawal. <b>Class withdrawal</b> notice must be provided in writing <b>by the 10<sup>th</sup> day of the last month of class</b> . Last month tuition is not prorated. Request withdrawal form at the front desk or send e-mail to <a href="mailto:gymformation@abovethebargym.com">gymformation@abovethebargym.com</a> .
Initial	<b>Credit card auto pay is required.</b> Payments are processed on the 1 <sup>st</sup> of each month. If you decline auto pay, 2 months tuition (1 <sup>st</sup> and last month) is due upon enrollment. Thereafter, tuition is due on the 1 <sup>st</sup> of each month. If an account is not on auto pay, a \$15 late fee will be assessed for tuition paid after the 5 <sup>th</sup> of each month.
Initial	<b>Returned checks</b> will be assessed a fee of \$30.
Initial	<b>Make-up classes</b> are allowed up to 2 per month. Make-ups must be scheduled through the front desk. No refunds for missed classes.
Initial	I acknowledge that I have received the Above the Bar Gymnastics Academy Policies and Procedures regarding tuition due date, auto pay, withdrawal notice, absences and make-up classes, and gym rules.

### CREDIT/DEBIT CARD FOR AUTO PAY

Card# \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RECORD OF PAYMENTS

Date	Fee Type	Amount
	Annual Registration Fee \$35 per child for recreational programs	