



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

Trial Class & Date: \_\_\_\_\_

Enrolled Class & Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

## Member 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: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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**

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: \_\_\_\_\_

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 on a YEAR-ROUND basis (including summer) so your child is automatically enrolled each month until you provide written notice of withdrawal. <b>Class withdrawal notice must be provided in writing 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 or declined credit cards (including Auto Pay)</b> will be assessed a fee of \$30.
Initial	<b>Make-up classes</b> - No refunds will be issued for missed classes. Up to 2 make-up classes are allowed per month. Make-up classes must be scheduled through the front desk. Make-up classes must be completed within 30 days of the absence. No make-up classes are allowed for a missed make-up class.
Initial	I grant consent for my/minor's picture to be taken or filmed while participating in classes at Above the Bar Gymnastics Academy to use and publish images, video and or film footage of me/minor in all forms of social media including Above the Bar website. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Above the Bar Gymnastics Academy from any claims I may have against it for use of such images, video and film footage of me. Any images/pictures/videos will not any have identifying names.
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.

I understand if I have an **unpaid balance** to Above the Bar Gymnastics Academy, LLC, and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney's fees if so incurred during collection efforts. In order for Above the Bar Gymnastics Academy, LLC, or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Above the Bar Gymnastics Academy, LLC, and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

Print Name	Signature	Date
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### CREDIT/DEBIT CARD FOR AUTO PAY

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

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