



# Above the Bar Gymnastics Academy

*Building Champions in Life!*

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**



**Child's First and Last Name(s):** \_\_\_\_\_

**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	<p><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 by email only. <b>Class withdrawal notice must be provided in writing by the 10<sup>th</sup> day of the last month of class.</b> If you withdraw your child on the 11<sup>th</sup> or after, the withdrawal will take place at the end of the following month. Last month's tuition will not be prorated. Send withdrawal e-mail to <a href="mailto:gymformation@abovethebargym.com">gymformation@abovethebargym.com</a>.</p>
Initial	<p><b>Auto Pay via credit card is required for all payments</b>, which are processed on the 1st of each month. If you choose not to enroll in Auto Pay, two months' tuition (the first and last month) is due at the time of enrollment. After that, tuition will be due on the 1st of each month. A \$15 late fee will be charged for payments made after the 5th of the month for accounts not set up on Auto Pay. <b>A \$15 fee will also apply for returned checks or declined credit cards that are in Auto Pay.</b></p>
Initial	<p><b>Tuition is based on a 48-week schedule. Please visit our website for a complete list of our official holidays.</b> No makeups will be issued for holidays.</p>
Initial	<p><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.</p>
Initial	<p>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.</p>
Initial	<p>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.</p>

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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**BILLING INFORMATION: CREDIT/DEBIT CARD FOR AUTO PAY**

All information provided needs to be linked to the card that will be on autopay.

Check box if billing information is same as listed on the first page.

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

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

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Card Type (Visa, Mastercard, American Express, etc.): \_\_\_\_\_

Card Holder Email: \_\_\_\_\_