

2010-2011 Class Registration Form



10449 Midwest Industrial Drive Saint Louis, MO 63132 phone: 314-426-2496 fax : 314-426-1898
www.allamericangymnastics.net info@allamericangymnastics.net

STUDENT'S NAME _____
AGE _____ D.O.B. _____ GENDER _____ SCHOOL _____

PARENT'S NAME _____ RELATIONSHIP _____

PARENT'S NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT & NUMBER _____

ALLERGIES _____

SPECIAL NEEDS OUR COACHES SHOULD BE AWARE OF TO BETTER ASSIST YOUR CHILD _____

CLASS CHOICE:

1. START DATE _____ DAY _____ TIME _____ CLASS _____

2. START DATE _____ DAY _____ TIME _____ CLASS _____

(IF YOUR CHILD ENROLLS IN 2 CLASSES, THEY GET 50% OFF THE 2ND CLASS)

PARTICIPATION RELEASE

To the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify All American Gymnastics, Inc., it's owners, officers, directors, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's/ward's participation in its programs. THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF THE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF ALL AMERICAN GYMNASTICS, INC., IT'S OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND ASSOCIATED PERSONNEL.

MEDIA RELEASE

I grant permission to All American Gymnastics, Inc to use the image of my child in materials that include, but may not be limited, to brochures and newsletters. INITIAL IF YOU DO NOT GIVE PERMISSION TO USE THE IMAGE OF YOUR CHILD. _____

PARENT'S SIGNATURE _____ DATE _____

(please read the membership agreement and credit card information on the back)

Membership Agreement & Credit Card Info

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MEMBERSHIP AGREEMENT and MONTHLY TUITION DUES

Your membership agreement to All American Gymnastics is based month to month, with a 30-day notice to cancel policy. Your monthly tuition is payable monthly via automatic credit account charge on the 20th of the month and will be delinquent if not received prior to the first day of the month. There will be a \$5.00 charge if a second statement must be generated to collect your dues. All members are required to satisfy any returned payments, including returned item charges and collection fees. All American Gymnastics is hereby authorized to use the credit card on file to charge your monthly dues on the 20th of each month. All credit card chargeback rights are waived. If you are unable to put a credit card number down on file then you are required to pay your first and last month tuition dues prior to your first class.

CANCELLATION PROCEDURE

You may cancel this Membership Agreement, according to the terms listed in this paragraph. AAG requires a written cancellation notice. The notice must be received by the 1st of the month to inform us that the upcoming month will be your child's last month in classes at AAG. Written notice can be done at the front desk on a cancellation of membership form, through regular mail (must be postmarked by the 1st) or email at info@allamericangymnastics.net. Once notification has been received your credit card on file will be charged for the final month. If you do not have a credit card on file, this is when your last months tuition, which was paid at the time of registration will be applied to your remaining balance. (Example: Written notice on Oct 1st for October 1-31 to be student's last month)

CREDIT CARD INFORMATION: (MC, VISA OR DISCOVER)

NAME ON CREDIT CARD _____

CREDIT CARD #: _____

EXP DATE _____ SEC CODE _____

The card above will be used for my monthly tuition, which will be automatically charged on the 20th of each month. If a credit card is not available then annual registration plus 1st and last months tuition must be paid prior to your child's 1st class. In order to cancel membership, AAG must receive a written cancelation notice by the 1st of the month to let us know that upcoming month will be your child's last month in classes.

MEMBER'S NAME _____

(PARENT OF MEMBER'S UNDER 18 YEARS)

MEMBER'S SIGNATURE _____ DATE _____

(PARENT OF MEMBER'S UNDER 18 YEARS)