

# ROHNERT PARK GYMNASTICS

## Information and Policies

### CALENDAR & TUITION

We divide the year into 4 Sessions. The Fall, Winter and Spring Sessions are 3 months long. The Summer Session is divided into our June and July Flexi-Tuition Plan and Hot August Days. Fall, Winter, and Spring Session Tuition is paid in 2 installments over the course of the session or in full at the beginning.

### BILLING

Rohnert Park Gymnastics bills in advance via email. Statements will be emailed to the address provided before each installment is due. Please be sure to have a current email address on file to make sure you receive your statement on time.

### DISCOUNT & REGULAR RATE

The Discount Rate applies as follows:

1. All clients who pay during the *Discount Rate Week*.
2. All new clients at any time.
3. Returning clients who have had a break of 2 or more Sessions.
4. The Regular Rate applies in all other circumstances.

### FAMILY & MILITARY DISCOUNTS

1<sup>st</sup> sibling - 20% discount; 2<sup>nd</sup> sibling - 25% discount; 3<sup>rd</sup> sibling - 30% discount; 4<sup>th</sup> sibling & more - Free Tuition!  
Active Military Discount - 10% discount per child.

### ANNUAL REGISTRATION

This is a \$40 per student fee and is paid at the time of enrollment and then again on the anniversary of the student's starting date.

### BEING ON TIME/WARM-UP

All classes begin with a warm-up, which is very important for your child's safety. Proper warm-up and stretching help reduce the chance of injury. Please make every effort to make sure your child arrives to class on time.

### DRESS CODE

Students should wear athletic style clothing such as leotards, T-shirts and shorts or sweats. Students must be barefoot in class. For your child's safety, no pants with metal snaps or zippers are allowed, long hair must be tied back and no jewelry.

### MAKE-UP POLICY

We have the most liberal make-up policy in the gymnastics industry. There is no restriction on the number of make-ups, no time limit on when you can make-up missed classes, and it is an honor system. If you tell us we owe you a make-up, we believe you. However, we cannot let our liberal make-up policy affect the quality of our student's learning experience at the gym. ***YOU MUST CALL AHEAD TO SCHEDULE YOUR MAKE-UPS!*** We hate to say no to children who arrive for a make-up when there is no room in the class. You must be a currently enrolled student to use your make-ups. They do not carry over to Sessions you are not enrolled in.

### PRORATING FEES

There is no proration for missed classes. Proration of fees is allowed only for students starting mid session or in the case of an extended illness or injury (more than 4 weeks), and only if the office has been notified. Missed classes can be made-up. Class fees are not prorated when the gym closes due to holidays (see our annual calendar). Free make-up classes are allowed for classes that are missed when a holiday falls on your child's gym day or the gym is closed for a special event.

### 100% TUITION-BACK GUARANTEE

The real value of our program can only be measured over the long run. However, kids learn on their own schedule and we know that if a child is not 'ready' now, given time, he/she is likely to want to 'try again' at some future date. We also know that you will be less hesitant to 'give it another try' if you feel you have not wasted your money the first time around. So, we are proud to offer a 100% Tuition-Back Guarantee for all first time families. If after your family's first Session of classes you are not entirely happy with our program, we will happily refund 100% of your tuition for that session.

*I understand the above policies and procedures of Rohnert Park Gymnastics and agree to abide by them.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# REGISTRATION AND APPLICATION FOR ENROLLMENT

Parents (Guardians) Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ (This is how we send billing statements & important notices.)

STUDENT'S NAME	DATE OF BIRTH	M or F	CLASS LEVEL	DAY & TIME
#1 _____	/ /	_____	_____	_____
#2 _____	/ /	_____	_____	_____
#3 _____	/ /	_____	_____	_____

FATHER'S EMPLOYMENT \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S EMPLOYMENT \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ROHNERT PARK GYMNASTICS?

<input type="checkbox"/> FRIEND (Name) _____	<input type="checkbox"/> Web Site	<input type="checkbox"/> Party Guest
<input type="checkbox"/> Print Ad (Which one?) _____	<input type="checkbox"/> Coupon	<input type="checkbox"/> Yellow Pages

Name of person to contact if parents are unavailable \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

**ASSUMPTION OF RISK • WAIVER OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION**

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, and cheerleading can result in severe injuries, including, but not limited to, death, serious neck or spinal injury, paralysis, brain damage and other serious injuries that may result in the serious impairment of future ability for myself, child & family to earn a living, engage in business, & generally enjoy life. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident. **I KNOW ONLY STUDENTS ENROLLED IN CLASSES ARE ALLOWED ON THE EQUIPMENT WITH STAFF SUPERVISION.**

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Rohnert Park Gymnastics, Kuk Sool Won Martial Arts, Sonoma State Cheer, each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you.

I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release.

_____	_____
<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>

### FEES

	1st Student	2nd Student	
TUITION:	\$ _____	\$ _____	\$ _____
REGISTRATION:	\$ _____	\$ _____	\$ _____
OTHER:	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>