



# U.S. Gold Gymnastics Academy, Inc. 2016-2017 10-Session Membership Agreement

BK: \_\_\_\_\_  
ACCT: \_\_\_\_\_

Mother: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Father: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father email: \_\_\_\_\_

Emergency Contact (other than Parent/Guardian): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Does your child(ren) have any medical conditions, hearing/speech/developmental issues/delays/diagnosis?  
\_\_\_\_\_

Child's Name:	Date of Birth:     /     /	M or F	Registration Fee:
Class:	Day/Time:		Tuition:
Class:	Day/Time:		Tuition:
	Start Date:	Pro-rated	Tuition:
Child's Name:	Date of Birth:     /     /	M or F	Registration Fee:
Class:	Day/Time:		Tuition:
Class:	Day/Time:		Tuition:
	Start Date:	Pro-rated	Tuition:
Child's Name:	Date of Birth:     /     /	M or F	Registration Fee:
Class:	Day/Time:		Tuition:
Class:	Day/Time:		Tuition:
	Start Date:	Pro-rated	Tuition:

Pre-Pay Total: \_\_\_\_\_ Total Due at Registration: \_\_\_\_\_ Date: \_\_\_\_\_

Visa / Mastercard / Cash / Check#: \_\_\_\_\_ Received by: \_\_\_\_\_

**U.S. Gold Gymnastics Academy, Inc.  
2016-2017 10-Session Membership Agreement**

By signing below, I acknowledge that I am registering my child through May 27, 2017. Payments will be withdrawn on or near the 25th of each month. If the 25th falls on a weekend or holiday, the payment will be withdrawn the next business day. Early withdrawal from this agreement must be done in writing (Notice of Withdrawal Form). Withdrawals must be submitted at least two weeks prior to the beginning of a SESSION (please note session dates) or you will be billed for that session in its entirety. For example, if you wish to withdraw your child effective Session 2 (which begins September 4, 2016), then you must submit your request by August 21, 2016. If you choose to withdraw in the middle of a session, you will not receive a refund for any unattended classes, nor will you be pro-rated. Sessions may not be pro-rated after initial contract is signed and initial payment is made. **THE ONLY EXCEPTIONS WILL BE MILITARY ORDERS AND INJURY/ILLNESS WITH A DOCTOR'S NOTE.** There are no make-ups for missed classes. In order to participate in Sports Festival, Session 10 must be paid for its entirety.

Failure to comply with this policy will obligate me to continue paying monthly tuition until proper notice is received.

I have read and fully understand the terms stated above and agree to adhere to these terms. In the event of default, I agree to pay all attorney fees, court costs and collection expenses. U.S. Gold Gymnastics Academy, Inc. reserves the right to terminate this agreement at any time and for any reason.

The total value of this contract is \$ \_\_\_\_\_ which will be paid according to the terms as outlined below.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witnessed by U.S. Gold Staff: \_\_\_\_\_

Date: \_\_\_\_\_

**PREPAYMENT PLAN**

By signing below, I acknowledge that by paying my account in full for the term of the session, I waive my right to a refund if I withdraw my child(ren) from the program.

Initials: \_\_\_\_\_

**EFT AUTHORIZATION**

(Voided Check Required) By signing below, I authorize U.S. Gold Gymnastics Academy, Inc. to withdraw funds from my CHECKING/SAVINGS account on or near the 25th calendar day of each month. I understand that this transfer of funds will be in effect until I withdraw from the program in accordance with the policy stated above or until the completion of the 10-month program. \$35.00 will be added for each declined withdraw.

Initials: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

(\$5 monthly transaction fee required) By signing below, I authorize U.S. Gold Gymnastics Academy, Inc. to withdraw funds from my VISA/MASTERCARD/DISCOVER account on or near the 25th calendar day of each month. I understand that this transfer of funds will be in effect until I withdraw from the program in accordance with the policy stated above or until the completion of the 10-month program. \$35.00 will be added for each declined credit card.

Initials: \_\_\_\_\_

\_\_\_\_\_ I have received the 2016-2017 General Rules Sheet.

\_\_\_\_\_ I have received the Billing and Attendance Policies Sheet.

\_\_\_\_\_ I have received the 2016-2017 Billing Calendar.