

## **Valiant Gymnastics Academy**

### **Policies and Procedures**

#### **Tuition/Payment**

Due to the fact that we run on a monthly tuition schedule, we will continue to hold your child's spot in his/her class each month until we are notified otherwise. Tuition will be due the first of each month. If payment is not received by the first week we reserve the right to give your spot away to another student.

#### **Instructors**

We make every effort to provide the same instructor in each class each week. However, from time to time your class may have a substitute instructor. The substitute will be a trained member of our staff who will introduce themselves to the parents and children before class begins.

#### **Prorating monthly tuition**

We offer prorating of the monthly tuition to students enrolling mid-month. Otherwise, full monthly payment is due. If you have a scheduling conflict for a partial month we will offer make up classes to fulfill your monthly class allotment.

#### **Make Up Policy**

Each Child will be allowed one make up class per month. If for any reason you have to miss your class you may make that up in another equal class. Make up classes must be pre-scheduled. There are no make ups given for the competitive team. In the event that there is a holiday and the gym is closed on your class day you will be allowed to make up that class.

#### **Multiple Student Discount**

There is a 15% discount for your second child that is enrolled and 10% discount for each additional student. This does not apply to Team.

#### **Refund Procedure**

Refunds will be given up until your child's first class. After the first class we will be willing to prorate your tuition towards a later month or another child.

#### **Parent Observation**

We invite parents to stay and watch their children from our waiting room. For safety reasons we do not allow parents into the gym without the consent of the instructor. Siblings of participants must be supervised while in the waiting area and are not permitted in the gym unless taking class.

#### **Class Ratio**

At VGA we strive to offer the ideal student to teacher ratio. Ratio for our Pre-School program is six students to one teacher. For the Rec programs it is seven to one. If the enrollment exceeds those numbers we will assign a helper for the class.

#### **Class Attire**

Girls are required to wear a leotard; hair pulled back, no jewelry, no socks or stockings. No two piece leotards or sports bras will be allowed. Boys are required to wear gym shorts, a T-shirt that is tucked in, and no socks. No baggy clothes because it can become a safety hazard when spotting.

# Valiant Gymnastics Academy Registration Form

## Student Information

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Are there any medical problems we should be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 How did you hear about us: \_\_\_\_\_

### Assumption of Risk and Waiver of Liability

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all Valiant Gymnastics Academy programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child's participation I hereby, for myself and my child and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Valiant Gymnastics Academy, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY  
 PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Authorization and Photo Release

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Valiant Gymnastics Academy and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for Valiant Gymnastics Academy.

I am aware that individual and group publicity photos and videos are taken from time to time.  
 I hereby grant my permission for my child's likeness to be used in Valiant Gymnastics Academy's publicity, advertising, and/or website  
 I do NOT grant my permission for my child's likeness to be used in Valiant Gymnastics Academy's publicity, advertising, and/or website

I have read and understand this PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.  
 PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information (Office Use)

Date: \_\_\_\_\_  
 Payment Type: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Check/Receipt #: \_\_\_\_\_  
 For Credit Cards:  
 Type of Card: \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 Last 4 Digits of #: \_\_\_\_\_

### Class Information

Circle intended class:

Mom&me 2 Yrs	3 Yrs Class	4-5 Yrs Class	5-6 Yrs Class
Rec Beginning	Rec Interme- diate	Cheer Fitness	Competitive Team Level ____

Class Choice:  
 Day \_\_\_\_\_ Time \_\_\_\_\_  
 2nd Class Choice: Day \_\_\_\_\_ Time \_\_\_\_\_