



# 2018-2019 REGISTRATION FORM

Complete and return with \$45.00 Non-Refundable Registration Fee;  
\$40.00 Additional Child; Family Max \$100

1. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_

2. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_

3. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_

Parent/Legal Guardian \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency Name/Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ School Attending \_\_\_\_\_

How long with LKNGA? \_\_\_\_\_ Previous training with \_\_\_\_\_

How did you hear about us? ( ) Newspaper ( ) Flyer ( ) Internet ( ) Friend \_\_\_\_\_

( ) Phonebook ( ) Sign ( ) Other \_\_\_\_\_

MEDICAL INFORMATION: Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Currently taking any medications? \_\_\_\_\_ If so, please list \_\_\_\_\_

List any past injuries or special information we should know about: (Include dates or onset of injury): \_\_\_\_\_

**\*I would like to enroll in Auto Pay and my account will be drafted between the 27th through the 1<sup>st</sup> of each month.**

**\*ADDITIONAL AUTO PAY FORM TO BE COMPLETED- ASK OFFICE FOR FORM!**

**PERMISSION FOR MEDICAL TREATMENT AND RELEASE FORM:** By participating and/or giving my child permission to participate in any Lake Norman Gymnastics Academy programs and/or classes, I acknowledge the fact that all programs and/or classes offered at Lake Norman Gymnastics Academy involve a certain degree of risk to the participant. In the event of an accident or illness I authorize any Lake Norman Gymnastics Academy employee to take the necessary steps regarding emergency medical treatments, including first aid, calling of ambulance service or transportation to hospital. In my absence I authorize the hospital facility and staff to treat my child for any illness or injury he/she has. I am solely responsible for costs incurred for any and all medical treatment. I fully understand the above and intending to be legally bound do hereby, for my child, my heirs, executors and administrators, waive, release, discharge and indemnify any and all rights and claims for damages, which may, or may thereafter accrue against Lake Norman Gymnastics Academy or their respective officers, agents, successors and/or assigns for any injury or illness which may be sustained while participating in classes or special events at any location. **I have read the information for enrolling in programs and/or classes at Lake Norman Gymnastics Academy and I understand the fees, rules and regulations listed for my benefit and I agree to all terms and conditions.** I acknowledge the fact that participation in any program at Lake Norman Gymnastics Academy involves a certain degree of risk of serious injury, including paralysis or death. I voluntarily and knowingly recognize, accept and assume the risk. I also understand that Lake Norman Gymnastics Academy has photographic rights and that throughout enrollment photos and/or films may be taken and used for publicity purposes. I also understand that Lake Norman Gymnastics Academy has photographic rights and that throughout enrollment photos and/or films may be taken and used for publicity purposes.

INITIAL: \_\_\_\_\_ *I understand that all tuition is due by the 1st of every month and late after the 10<sup>th</sup> A \$15 Late Fee will be added*

INITIAL: \_\_\_\_\_ *I must give a 2-week written notice of withdrawal and that I will be obligated to pay tuition for the entire month.*

Signature of Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date \_\_\_\_\_ Reg. Fee Paid \_\_\_\_\_ CK# \_\_\_\_\_ Amt \$ \_\_\_\_\_

Class Day \_\_\_\_\_ Class Day \_\_\_\_\_ Class Day \_\_\_\_\_ Class Day \_\_\_\_\_ Class Day \_\_\_\_\_

Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_

Coach \_\_\_\_\_ Coach \_\_\_\_\_ Coach \_\_\_\_\_ Coach \_\_\_\_\_ Coach \_\_\_\_\_

# 2018-2019 Policies, Procedures & General Information

rev 3/30/18

## REGISTRATION

LKN Gym Academy's (LKNGA or The Academy) instructional classes are offered year round. You may register anytime throughout the year, based on class availability. \*\*All Competitive Teams are year round programs. There is an annual **non-refundable** registration fee of \$45.00, \$40.00 for an additional child and a family max of \$100.00. **REGISTRATION FEE AND 1ST MONTHS TUITION ARE DUE UPON REGISTRATION.** We must have a current signed registration - participation form on file before anyone can be accepted into a class. Telephone registrations are not accepted.

## MONTHLY TUITION

**Tuition is based on a yearly calendar, divided by 12 months. Monthly tuition remains the same for months with 5 weeks, as well as for months with 4 weeks or holiday closures.** At the time you register, you pay the registration fee and the first month's tuition, prorated if signing up after the 1<sup>st</sup> class of the month. Each month thereafter, tuition is due on the first. A \$15 late fee is added after the 10<sup>th</sup> if the account has still not been received. If your account is still not paid on the 15<sup>th</sup>, student(s) will not be allowed in the gym for class/practice and may be dropped from the program if space is limited. Tuition cannot be pro-rated due to holidays or yearly gym closings.

## OVERDUE TUITION

Accounts paid after the 10<sup>th</sup> of the month will be charged a \$15.00 late fee. Any unpaid balance that is 30 days overdue may terminate your further participation at LKN Gym Academy.

## RETURNED CHECKS

Should your check be returned by your bank, your account will be charged the amount of the check plus a \$25.00 return check fee. Repayment for the returned check and service fee may be requested in cash or money order.

## REFUNDS

Because of our strict student to teacher ratio, there will be no refund or credits for missed classes. In addition, you should call in advance to let the office know that your child will miss class. **Missed classes will not result in pro-rated tuition or refunds.** Prorated refunds for extended illness or injury (over one month) may be made upon timely notification and/or doctors note of the situation to the office.

## DROPPING CLASSES - WE REQUIRE A 2-WEEK WRITTEN NOTICE PRIOR TO WITHDRAWING FROM OUR PROGRAM.

It is imperative that you advise us in writing if you decide to drop any or all classes. Please note that payment is due for that 2-week period. If a student stops coming to class without written notification, that student's account will be charged for the additional 30 days. This charge will be for holding the student's place in that class instead of offering that place to a student on the waiting list. **\*NOTIFICATION MUST BE SUBMITTED TO THE OFFICE IN WRITING TO TERMINATE BILLING.**

## MAKE-UP POLICY

Students are encouraged to attend classes regularly. Make-ups are offered on a space available basis and are not guaranteed. To be eligible for a makeup class, you must call or email LKNGA **before** the start of your class. Students are permitted to do a maximum of **1 makeup per month.** Please note that there are no makeup classes for makeup classes and there will be no pro-rated tuition for any missed classes.

## HOLIDAYS / SCHEDULED FACILITY CLOSINGS

**2018 DATES: 5/28/2018; 7/2-7/7/2018; 9/3/2018; 10/31/2018; 11/21-11/24/2018**

**2019 DATES: 12/24-1/1/2019; 4/22-4/27/2019; 5/27/2019; 7/1-7/6/2019**

## DELIVERING & PICKING UP STUDENTS

For safety reasons, no one will be permitted to participate in class if tardy by 15 minutes or more. *Sorry – No Exceptions.* Please be aware that being late is far more difficult on a child than what many parents realize. In addition, it greatly distracts the rhythm of the class. Parents must come into the building when dropping off or picking up athletes. This will ensure athletes have arrived or left practice safely, and parents can ensure that there have been no unforeseen changes to the practice schedule. Please pick up your child on time and inform us if you know you will be late picking up your child. Instruct your child to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our "customers" are primarily young children, so drive slowly and carefully. Do not take a chance on your child running to and from your car.

## CLASSES

Classes will be added upon demand. All classes (days/times) are subject to change based on enrollment - you will be notified of any changes. *At least four students are needed to keep a class open.*

**APPROPRIATE ATTIRE IS ALWAYS REQUIRED - ABSOLUTELY NO JEANS ALLOWED. -Boys may wear tucked in t-shirts and shorts with no snaps or zippers. -All girls must wear leotards. -Gymnastic shoes are suggested for safety in the gym -Dance has shoe requirements – please see teacher. -Hair must be pulled neatly and securely away from the face so that it stays up for the entire workout. -Girls should not wear bows or other large hair ornaments that cause discomfort while rolling or flipping. -Shoes, socks and other personal items should be left in the cubbies-NOT on the floor. -We are not responsible for any lost or damaged belongings.**

**\*I have read and understand the above listed policies and procedures: Signature**

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