



# Harpeth School of Gymnastics

## Fairview Rec. Center



### Tuesday

3:45 - 4:40 pm	Girls Rec	Ages 6-8
3:45 - 4:40 pm	Boys Rec	Ages 6 & up
4:45 - 5:40 pm	Girls Rec	Ages 6-8
5:45-6:30 pm	Preschool	Ages 3-5
6:30-7:25 pm	Girls Rec.	Ages 6-8
6:30-7:25 pm	Girls Tumbling	Ages 6-8
7:30-8:25 pm	Girls Beg & Int Tumb	Ages 8 & up
7:30-8:25 pm	Girls Advanced Tumb*	All Ages

\*Must be able to do a back handspring without a spot

### Thursday

5:00 - 5:55 pm	Girls Tumbling	Ages 9 & up
6:00 - 6:55 pm	Girls Rec	Ages 6-8
7:00 - 7:55 pm	Boys Rec	Ages 6 & up
7:00 - 7:55 pm	Girls Rec	Ages 9-12
8:00 - 8:55 pm	Girls Tumbling	Ages 9-12
8:00 - 8:55 pm	Girls Tumbling	Ages 13 & up

<u>Monthly Tuition</u>			
	1 child	2 children	3 children
1 hour/week	\$50	\$95	\$135
2 hours/week	\$70	\$130	

There is an annual registration fee of \$30

**PARENTS, PLEASE CALL THE MAIN OFFICE  
OF HARPETH SCHOOL OF GYMNASTICS AT  
615-790-7825  
TO PRE-REGISTER FOR CLASSES.**



# FAIRVIEW REC CENTER HARPETH SCHOOL OF GYMNASTICS

2204 Hillsboro Rd Franklin, TN 37069 615.790.7825

## GYMNASTICS CLASS ENROLLMENT AGREEMENT

**\*\*The registration fee & first month's tuition due at time of enrollment\*\***

### STUDENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

School or Daycare \_\_\_\_\_ Current Grade \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Medical Conditons \_\_\_\_\_

### PARENTS

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mom's Work \_\_\_\_\_ Dad's Work \_\_\_\_\_

Cell #'s \_\_\_\_\_ Emergency Contact \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### CLASS INFO

1<sup>st</sup> Class Choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_

2<sup>nd</sup> Class Choice: Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_

MONTHLY TUITION: \_\_\_\_\_ Tuition rate based on 1<sup>st</sup> child \_\_\_\_\_ 2<sup>nd</sup> child \_\_\_\_\_ 3<sup>rd</sup> child \_\_\_\_\_

**We do not bill monthly.** After the 7<sup>th</sup> of each month your credit card will be charged and a \$10 late fee will be added. (\$15 for team). STUDENTS WITH UNPAID BALANCES WILL NOT BE ADMITTED TO CLASS THE FOLLOWING MONTH. (A suit may be filed with small claims court on all accounts 60 days past due. The responsible party will owe court costs, as well as account balance and any expenses incurred in the collection of tuition)

### **PROCEDURE FOR CANCELING CLASSES**

It is your written notice that removes your child from the class rolls. For your convenience, withdrawal slips are located in the gym lobby. If written notice is not received by the close of business on the 27<sup>th</sup> of the month, you will be responsible for the following month's tuition, whether your child attends or not. Harpeth School of Gymnastics does **NOT** refund tuition.

### **WAIVER & WARNING**

I, the undersigned parent/guardian of the above listed student, do hereby grant the authority to the staff of Harpeth School of Gymnastics to render judgement concerning medical assistance in the event of an accident, injury, or illness. I further authorize simple first aid, a medical or surgical diagnosis and treatment which may be deemed necessary. By the very nature of the activity, gymnastics, parent's night outs, spend the nights and other sporting activities carry a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Risk can be reduced, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. I hereby waive and hold harmless any and all Harpeth School of Gymnastics staff and any other staff working in conjunction with Harpeth School of Gymnastics and any and all facilities and transportation vehicles Harpeth School of Gymnastics deems necessary to use to teach or be associated with-whether paid or volunteer-for participation creates the possibility of injury. I further waive and hold harmless the Williamson County Recreational Center. I have read and understand the risks involved in my child's/ward's participation at Harpeth School of Gymnastics.

I have read and understand the risks involved in my child's/ward's participation at Harpeth School of Gymnastics. I have also read and understand the policies listed in the Gymnastics Policy Sheet and agree to the follow said rules. I hereby consent and wish to have my child/ward actively participate at Harpeth School of Gymnastics. I AGREE TO PAY FOR ALL CLASSES IN WHICH MY CHILDREN ARE ENROLLED. I further understand and agree, that if I fail to make timely payments on my account, my credit card will be charged plus a \$10 late fee. In addition, I will be responsible for any and all costs of collection, including filing fees as well as reasonable attorney's fees.

X \_\_\_\_\_ Date \_\_\_\_\_ HSG Rep \_\_\_\_\_

For Office Use Only

Date \_\_\_\_\_

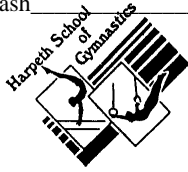
Reg Fee \_\_\_\_\_

T-Shirt \_\_\_\_\_

Check # \_\_\_\_\_  
Cash \_\_\_\_\_

Tuition \_\_\_\_\_  
Total \_\_\_\_\_

Amt rec'd \$ \_\_\_\_\_  
Balance \_\_\_\_\_



# Policy Sheet

\_\_\_\_\_  
(initials) **TUITION:** Lessons MUST be paid for in advance! **Tuition is DUE on the 1<sup>st</sup> day of each month.** The tuition is the same for the months that have 3,4 or 5 lessons. We plan and provide a place for your child, therefore **MISSED CLASSES CANNOT BE DEDUCTED FROM TUITION.** We **DO NOT** send out monthly billing statements. **STUDENTS WITH UNPAID BALANCES WILL NOT BE ADMITTED TO CLASS THE FOLLOWING MONTH.** You may put the tuition in the Tuition Box or mail to Harpeth School of Gymnastics, 2204 Hillsboro Rd., Franklin, TN 37069.

\_\_\_\_\_  
(initials) **LATE FEE:** After the 7<sup>th</sup> of the month a \$10 LATE FEE is applied to ALL unpaid accounts. **TEAM LATE FEE** is \$15 after the 7<sup>th</sup> of the month. **NO EXCEPTIONS!**

\_\_\_\_\_  
(initials) **CREDIT CARD CHARGE:** I understand that if I miss payment deadlines, HSG has my permission to run any and all charges on the credit card number that I have provided on my registration form, and my signature is not required for this transaction. I understand that if my card is declined in any way, I will receive an irrevocable \$25 service charge. I understand that if my credit card is used, overdraft charges may occur, and are my responsibility. **(For non-auto draft accounts only)**

\_\_\_\_\_  
(initials) **PAST DUE ACCOUNTS:** If your gymnastics account becomes 30 days past due, your child's/children's classes will be suspended until payment is received.

**REGISTRATION FEE:** A NON-REFUNDABLE amount due upon registration. It goes toward insurance coverage with a \$100 deductible and cannot be waived. It is prorated throughout the year, and come due again each August.

**RETURNED CHECK CHARGE:** There will be a \$15 charge on all returned checks. **NO EXCEPTIONS!**

**CASH PAYMENTS:** PARENTS must fill out a CASH ENVELOPE for all cash payments. Please give all cash payments to office personnel.

**MAKE-UP CLASSES/OPEN GYM:** We offer one make-up class per month. You may make-up during Open Gym offered the first and last Saturday of each month. The PARENT must pre-register for a make-up class through the office.

\_\_\_\_\_  
(initials) **WITHDRAWAL FROM CLASS:** If you wish to drop your child from the roll, **WRITTEN NOTIFICATION MUST BE RECEIVED BY THE 27<sup>TH</sup> OF HIS/HER LAST MONTH.** Withdrawal slips are located by the office window. **VERBAL NOTIFICATION WILL NOT BE ACCEPTED AS A WITHDRAWAL NOTICE!** If written notice is not received by the 27<sup>th</sup> of your child's last month, **YOU WILL BE RESPONSIBLE FOR THE NEXT MONTH'S TUITION.**

**CLASS TRANSFER:** Parents must fill out a CLASS TRANSFER REQUEST FORM if you would like to change your child's class day/time. You will be contacted by the office confirming the transfer.

**GYM CLOSINGS:** If you are unsure if classes will be held on your child's class day, due to the weather or vacation, always call the gym to make sure. 790-7825

**ATTIRE:** Short's and T-shirt or leotards are ideal. Please avoid clothes with buttons, snaps, hooks, zippers, or belts. These clothes are unsafe for your child to wear. All children should have bare feet, no socks or tights. Long hair should be pulled back, and no jewelry should be worn.

\_\_\_\_\_  
(initials) **OBSERVATION:** Parents and siblings may observe classes from the lobby area. **PLEASE KEEP A WATCHFUL EYE ON YOUR CHILDREN IN THE LOBBY. DON'T ALLOW THEM TO PLAY IN THE WATER FOUNTAIN OR CLIMB ON THE TABLES.**

**SAFETY:** Parents, it is your responsibility to make sure your child enters and leaves the building safely. Our parking lot is very busy! **In addition, children are not allowed to leave the building without an adult, or play in the front yard of the gym due to SAFETY REASONS.**

\*\*We reserve the right to cancel any class that has less than 5 students. \*\*

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I have read, understand, and agree to abide by the above policies

Parent's S

Please Print Name

Date



Fairview Rec. Center  
Harpeth School of Gymnastics  
**Credit Card & Auto-Draft Agreement**

I fully understand that I must supply credit or debit card information as part of a mandatory payment policy at Harpeth School of Gymnastics. Monthly tuition will be automatically drafted out of my account on the 5<sup>th</sup> of each month. I also agree that any overdraft charges that might be applied to my credit card account as a result of tuition charges made are my sole responsibility. All credit card information will be stored in the computer on a secure server and hard copies will be stored in a lock box.

Visa or MC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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