



**HARPETH SCHOOL OF GYMNASTICS ENROLLMENT AGREEMENT**  
 2204 Hillsboro Rd Franklin, TN 37069 615.790.7825 www.harpethgym.com

**STUDENTS**

1<sup>st</sup> Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F \_\_\_\_\_

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

2<sup>nd</sup> Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F \_\_\_\_\_

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

3<sup>rd</sup> Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ D.O.B \_\_\_\_\_ M/F \_\_\_\_\_

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

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

Primary Health Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**PARENTS**

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

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

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

Work #'s \_\_\_\_\_ Emergency Contact \_\_\_\_\_

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

**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 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)

**Guaranteed form of payment (REQUIRED)** \*Charged to account only if payment is not received by the 7<sup>th</sup> of the month including the late fee

CARD HOLDER NAME: \_\_\_\_\_ VISA/MASTERCARD \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**Would you like your tuition auto drafted on the 5<sup>th</sup> of each month from the above card #? (Check one!) Yes \_\_\_ No \_\_\_**

**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. **VERBAL WITHDRAWALS ARE NOT ACCEPTED.** Harpeth School of Gymnastics does **NOT** refund tuition.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of participating in gymnastics/tumbling I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Harpeth School of Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.**

\_\_\_\_\_  
 Participants Name X Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date \_\_\_\_\_ Reg Fee \_\_\_\_\_ Tuition \_\_\_\_\_ Total \_\_\_\_\_  
 Total Amt Received \_\_\_\_\_ Balance \_\_\_\_\_ Method of Payment \_\_\_\_\_



# Policy Sheet

www.harpethgym.com

Phone & Fax 790-7825

harpethgym@bellsouth.net

\_\_\_\_\_  
(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 comes 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.

**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 or check our website to make sure.

**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 Signature \_\_\_\_\_

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

Date \_\_\_\_\_