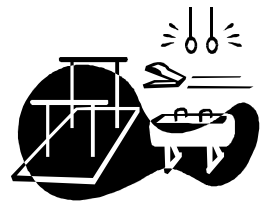


Competitive Team Registration Form 2010-11



Student Information			
Name:	Sex:	Age:	DOB: _____/_____/_____
Name of School:	Dismissal Time:		Grade:
Previous Gymnastics Training/Facility (if any):	Last Level Completed (if any):		USAG # or AAU # (if any):
Mother's Name:	Father's Name:		
Address:	City:		ST: Zip:
Home Ph:	Work Ph:	Cell Ph:	
E-mail Address:	Alternative Contact:		Emergency Ph:
Are there any medical conditions to which we should be alerted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:			
I understand that it is the intent of ACE Gymnastics to provide for the safety and protection of my child therefore, if I am not available, I authorize ACE and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.			
_____		_____	
<i>Signature of Parent/or Legal Guardian</i>		<i>Date</i>	
Team Information <input checked="" type="checkbox"/> <i>select competitive team</i>			
<input type="checkbox"/> Girls Compulsory Team Current Level _____	<input type="checkbox"/> Girls Optional Team Current Level _____	<input type="checkbox"/> Boys Team Current Level _____	
Payment Information <input checked="" type="checkbox"/> <i>check payment method</i>			
Annual Registration Fee (<i>prorated quarterly</i>)			\$
<input type="checkbox"/> Monthly Self-Pay due on 1 st (\$10 late fee after the 8 th)	<input type="checkbox"/> Automatic Checking Account Debit (must complete authorization agreement)		\$
<input type="checkbox"/> Quarterly Payment Plan (5% Discount)	<input type="checkbox"/> 6 Month Payment Plan (10% Discount)	<input type="checkbox"/> Yearly Payment Plan (12% Discount)	\$
FOR OFFICE USE—Form of Pmt.: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash			\$ TOT.
CREDIT CARD ON FILE (REQUIRED GUARANTEED FORM OF PMT.)			
<i>*charged to account only if payment is not received on or before the 15th of each month</i>			
Card Holder Name:		Card Type:	
Credit Card #:		Expiration Date:	
Billing Address & Zip Code (if different from Client):			
I fully understand the ACE Gymnastics tuition payment policies of which I am in receipt. In the event that my account is past due, I authorize ACE Gymnastics to charge the credit card indicated above to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 16 th of each month. I understand the charges applied to my credit card will include a \$10.00 late fee as specified in the payment policies.			
I am aware that check payments or automatic checking account debit transactions with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.			
ACE Gymnastics requires a "30-Day Written Drop Notice" which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.			
_____		_____	
<i>Signature of Parent/or Legal Guardian</i>		<i>Date</i>	

TUITION PAYMENT POLICIES**Administrative Hours**Monday - Friday:
7:30 a.m. - 8:00 p.m.Saturday:
9:00 a.m. - 12:00 noon

- ◆ I understand that tuition is due on the 1st of each month. I also understand that a \$10 Late Fee will be charged to my account if tuition is paid after the 8th of the month.
- ◆ I understand that registration and monthly tuition are non-refundable.
- ◆ I understand that tuition will only be pro-rated the month of registration if necessary. No other months will be pro-rated.
- ◆ I understand that my credit card will be charged for any unpaid balances on the 16th of the month.
- ◆ I understand that check payments or automatic checking account debit transactions with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.
- ◆ I understand that practices are on the schedule for the entire year (excluding holidays). Non-workout days (at Program Director's discretion) will not be credited or discounted from my monthly tuition. Missed days/absences will not be credited unless circumstances are related to an injury or other medical issue. In order to receive credit, absence must exceed 3 weeks and athlete must obtain a Physician's note.
- ◆ I understand that a **"30-Day Written Drop Notice"** is required to drop from team. I also understand that the notice must be received before the 1st of the month prior to the month dropping. I understand that I am responsible for tuition for the month notice was not given. Notices received AFTER the 1st week of the month will not be processed until the 1st week of the following month and will take effect the following month.
- ◆ I understand that if my account is "60 Days Past Due" it will be filed with the Credit Bureau. I also understand that I am responsible for any fees incurred in the process of collection.