

**NOVAKS' GYMNASIIC CENTER, INC. ~ 2018-2019 RULES & POLICIES FOR RECREATIONAL CLASSES**

**Annual Registration Fee**

A yearly registration fee of **\$65. per family** is due in September of each year. This fee is NON-REFUNDABLE. Registration fee covers the cost of office support and a secondary insurance for the gymnast.

Okay to process payment to credit card on file \_\_\_\_\_ Pay with Cash/Check No. \_\_\_\_\_ Process date \_\_\_\_\_

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Assumption of Risk**

I hereby certify that my child has passed a medical examination within the last (12) twelve months and is capable of participating in the sport of gymnastics, tumbling, and/or trampoline. I will explain the rules, policies, and behavior expectations of Novaks' Gymnastic Center, Inc. to my child(ren). I hereby grant permission for person enrolled to participate in the program at Novaks' Gymnastic Center, Inc.

Children must be escorted into Novaks' facility and remain supervised until they are called into the gym by their coach. They also must be supervised and escorted out of the facility once class has ended. Small children not attending class must be supervised at all times.

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Release of Liability**

I realize that gymnastics, tumbling, and trampoline involve the risk of serious injury, even death, and I release Novaks' Gymnastics Center, Inc. and its employees from any and all liability which might be incurred during the conduct of this activity.

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Medical Emergencies**

In the event I cannot be reached readily in an emergency, Novaks' employees have the authority at my expense, to utilize the most available volunteer rescue squad or ambulance to transport my child to the nearest hospital and, if necessary, to authorize medical treatment.

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Mandatory 2 Week Withdrawal Notice**

**A 2 week withdrawal notice is required in writing, either via email or by filling out a withdrawal form in the office.** If the 2 week notice is given on the 3rd week of the month, you will immediately be charged for one week tuition for the upcoming month. If the 2 week notice is given at the end of the month, you will immediately be charged for 2 weeks tuition for the upcoming month. **WITHOUT WRITTEN NOTICE, NOVAKS' GYMNASIICS, INC. SHALL CONTINUE TO BILL ME FOR TUITION.**

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Payment Policies**

It is my responsibility to keep my account in good standing, including keeping my debit/credit card information current. Payments for each session must be received, including checks or credit card approval, by the 1st of each month. If payment is not received or approved (credit card processing) by the 1st of each month, I am aware that my child may not be allowed to participate in his/her class. In addition, there is a **\$25.00 LATE FEE** charged to my account. There is a \$25.00 returned check fee. Returned checks must be replaced with a money order, cashiers check or cash. THE ANNUAL REGISTRATION FEE IS NON-REFUNDABLE.

I am aware that Novaks' staff reserve the right to cancel my child's membership at any time.

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**Make-Up Policy for Rec Classes**

Only (1) one makeup class per session unless there is a family emergency or the gymnast is ill or injured. In case of injury requiring extended absence, a doctor's letter will be required.

The makeup must be scheduled within a (4) week period.

I agree with and will abide with this policy. \_\_\_\_\_ (Signature)

**I AGREE TO ALL OF THE ABOVE**

PRINT YOUR FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASS/DAY/TIME \_\_\_\_\_ PROCESSED: \_\_\_\_\_