

958 E Rodeo Road
Casa Grande, AZ 85122

520-510-5206
inspiritgymnastics@gmail.com
www.inspiritgymnastics.com

Office Use Only: FD (circle) 10% 20%
Reg. Fee \$ _____ Ch# _____
Tuition \$ _____ Ch# _____
Date: _____
Notes: _____

STUDENT'S LAST NAME _____

STUDENT INFO:

Name: _____ Sex: F M Birthdate: ____/____/____
Class/Day/Time _____ Medications: _____ Allergies _____

Name: _____ Sex: F M Birthdate: ____/____/____
Class/Day/Time _____ Medications: _____ Allergies _____

Name: _____ Sex: F M Birthdate: ____/____/____
Class/Day/Time _____ Medications: _____ Allergies _____

FAMILY INFO:

Parent/Guardian Name _____

Address: _____ City: _____ ST _____ Zip _____

Email: _____ Mom Phone: (____) _____ - _____

Dad Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

In case of emergency (if unable to contact parent) Name: _____

Relationship to child: _____ Phone (____) _____ - _____

Medical Information (please use name or student number when referencing medical issues)

Are there any conditions/delays (physical or developmental) that we should be aware of? If so, please list:

Has/have your child(ren) been warned against any kind of physical activity for health reasons? YES NO

If yes, please explain: _____

Physicians Name: _____ Phone: _____

Health Insurance Provider: _____ Policy/Group # _____ ID: _____

Medical Release Waiver/Assumption of Risk:

I certify that I am the parent/guardian of _____ and give my permission for him/her to participate in gymnastics. In addition, I authorize Inspirit Gymnastics, LLC to provide emergency medical treatment to my child in my absence, when a reasonable effort has been made to contact me. When deemed necessary 911 will be contacted and fire-paramedics dispatched to the scene. My child and I are aware that there are inherent risks in gymnastics included but not limited to those of bodily injury, partial or total disability paralysis and death. We accept and assume such risks and the responsibility for the losses and/or damages following such injury, disability, etc. and will not hold Inspirit Gymnastics, LLC, in liability for such outcomes.

Parent/Guardian Signature _____ Date: _____



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Tuition:

Tuition is due at the first lesson on each session. When making payment, please include your child's name and class info so your account can be properly credited. **If payment is not received by the 1st class of the session, late fees will be assessed.** Enrollment of a student in a particular class continues from session to session. Written notice must be given to Inspirit Office if you intend to discontinue gymnastics class, or your account will continue to be billed. We accept payment in the form of checks, money orders, Visa, MC, Discover or American Express. We also have an automatic withdrawal payment option available. If your payment is declined by the bank you will be charged a \$20 returned check fee.

Attendance & Make-up Policy:

Regular attendance is extremely important to your child's progress in gymnastics. Instruction is based on a sequence of skill progressions with coaches building on previous weeks lessons. In the event your child misses an additional class (does not attend 4 classes), one make-up per session is allowed thru the open Gym option.

Refund/Credit Policy:

Refunds will not be issued. Credit requests may be considered only in extenuating circumstances.

Holiday Closures:

Inspirit Gymnastics has yearly planned closures each Memorial Day, Fourth of July Labor Day, Thanksgiving Day, Christmas Eve & Day, New Years Eve and Day with a few additional closures depending how the calendar falls. We are open for scheduled classes on all other holidays and some school breaks.

Financial Agreement:

Registration fees are paid annually. Tuition is due by the first class of each payment period. Any account not paid by the due date (the first week of any session will be assessed a late fee. Any student with a delinquent account over 30 days may be excluded from class until the account is paid up to date.

Please note, tuition is non-refundable.

I have read and understand the above financial agreement.

Parent/Guardian Signature: _____ Date: _____