

TEXAS ELITE GYMNASTICS

3544 Emporium Cr. Suite #200
Mesquite, TX 75150
972-216-8888 * www.texaselitegymnastics.com

FOR OFFICE USE ONLY

ENROLLMENT DATE _____	COMPUTER ENTRY _____
CLASS TYPE _____	NAME ON CHECK _____
DAY _____	NORMAL TUITION _____
TIME _____	REG. FEE PAID _____
CLASS CODE _____	TUITION PAID _____

STUDENT _____ M/F _____ AGE _____ BIRTHDATE _____

TUITION PAID BY:
NAME _____ DRIVERS LIC.# _____

ADDRESS _____ CITY _____ ZIP _____

RELATIONSHIP TO CHILD _____ HOME PHONE # _____

WORK PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS: _____

MOTHERS NAME _____ HOME PHONE # _____

WORK PHONE # _____ CELL PHONE # _____

FATHERS NAME _____ HOME PHONE # _____

WORK PHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT (OTHER THAN PARENTS):

NAME _____ RELATION _____

HOME PHONE # _____ CELL PHONE # _____

DOCTOR _____ OFFICE PHONE# _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

Please help us better understand your child by listing past injuries, disabilities, or allergies that he/she may have: _____

Please read the following carefully and initial that you understand each policy.

____ **I understand that all Texas Elite Gymnastics programs are based on a full calendar year.** The gym will be closed on major holidays, and also one week during the Fourth of July and one week during Christmas.

____ **Tuition is due on the first of the month, but not considered late until after the 8th.** I understand that when my tuition is late, I will be charged a late fee of \$15.00. NO EXCEPTIONS! A returned check fee is \$30.00.

____ **I understand that in order to drop my child from any program, I must contact the front desk to release my child's spot in class.** This frees your child's spot for another customer.

____ **If my child misses a class, he/she may make it up at another class where a spot is available.** It is your responsibility to contact the front desk in advance to schedule a make-up date in another class.

____ **I understand that I am paying a "monthly rate" that guarantees my child an average of four classes a month.** I also understand that some months may only have three classes, and other months may have five. This is why we base our program on a calendar year.

____ **I understand that my registration fee (\$30.00) is an administrative and major medical insurance fee for the gym.** You will only be required to pay this fee once as long as your child remains in our program. If your child drops (or is dropped for failure to pay tuition) and decides to re-enroll at a later date, you will be required to pay another registration fee.

____ **I understand that I am held financially responsible for my child's spot in class even if my child does not attend** (sickness, summer vacation, family vacations, etc.) The staff at T.E.G. will make every effort to help you make-up every class that you pay for but do not attend. I am obligated to pay any past, present, or future balances based on these policies.

____ **I understand that Texas Elite Gymnastics will be closed occasionally due to bad weather conditions** (ex. snow, ice). If this instance occurs I will be given the opportunity to schedule a make-up class for the class(es) missed. Tuition will NOT be prorated if the gym is closed due to bad weather.

MEDICAL RELEASE:

I recognize the potential for injuries that can occur in gymnastics and activities involving movement, trampoline, and exercise. I understand that catastrophic injuries, paralysis, or even death can be a result. I hereby consent for myself and/or the enrolled student participating in activities on equipment owned and/or used by Texas Elite Gymnastics and executors, waive and release any and all rights and claims for damages I may have at any time against Texas Elite Gymnastics or its agents, coaches or representatives for any injury or damages in connection with my association with or entry in gymnastics or other related sports and activities sponsored by Texas Elite Gymnastics. I hereby authorize consent to x-rays, anesthetics, medical or surgical diagnosis/treatment, or hospital care which is deemed necessary.

SIGNATURE OF PARENT

OR LEGAL GUARDIAN: _____ DATE: _____