

ALL AMERICAN GYMNASTICS

CIRCUS/AERIAL CLASSES

WAIVER

PLEASE READ BEFORE SIGNING

REGISTRATION: An annual \$60 Non-refundable Insurance Fee is due upon registration. Registration is from September till August of the following year. For families with 2 or more enrollees, the Fee is \$85. SUMMER ONLY \$10 FOR 1 IN A FAMILY OR \$20 FOR 2 OR MORE (There is a \$250.00 deductible on this insurance, and it is the parents/guardian's responsibility). Fee covers excess Medical Insurance and Registration processing.

TUITION: A Valid Credit or Debit card must always be kept on file in the gym. You may still pay by check or cash, but tuition is due by the first of every month. If the first of the month falls on a day we are CLOSED, payment is due before that day. If payment is not received by then All American Gymnastics will automatically charge your credit or debit card on file, the following business day **THERE WILL BE NO EXCEPTIONS.** Any returned check will have a \$20.00 additional fee and the balance is to be paid in cash. **All team fees and class fees including tuition, registration, assessments, uniforms, and entrance fees, and COMMITMENT FEE are NON-REFUNDABLE. THERE WILL BE NO EXCEPTIONS. THE MONTHLY TUITION IS THE SAME EVERY MONTH (REGARDLESS OF THE NUMBER OF CLASSES FOR THAT MONTH) After 15 days, any unpaid balance is automatically sent to collections and you are responsible to pay any additional fees incurred to All American. A penalty fee of \$25 will be applied to all transactions that fail due to insufficient funds on the first business day of the month.**

WITHDRAWAL: All American requires a parent/guardian to give **2 weeks written** notice before withdrawing from the month. **Until written notice is given the parent/guardian is obligated to pay for the month.** Our email address is allamerican19@optonline.net

Gymnast Name: _____

Tuition Cost: _____

Name as it appears on card: _____

**Card Type: MUST Circle One : VISA, MASTERCARD, Amex, Discover
AUTO YES or NO (CIRCLE ONE)**

Card Number: _____

Expiration Date: _____ **Billing Zip Code:** _____

Cardholders Signature: _____