

Eagle Ridge Gymnastics

Addendum to Terms and Conditions

Recreational Gymnasts
Effective 10/24/11

Date: _____

Student's First Name: _____ Last Name: _____

PLEASE READ ALL TERMS AND INITIAL TO THE LEFT

_____ TUITION will be paid on a monthly basis. Tuition is due by the **5th** of the month. If tuition is not received by the **5th**, the discount rate is no longer available. If we do not receive payment by the end of the 12 day of the month, you will automatically be dropped from the class. If deadline falls on a Sunday, the expected date is the following business day.

_____ ANNUAL REGISTRATION FEE is a \$45 non-refundable fee for each student and \$65 for families. This fee must be paid along with the first month's tuition. Subsequent annual fees are due on the anniversary date of the initial registration.

_____ MAKE-UP CLASSES: Recreational students are allowed one make-up class within one month of their absence. There are no refunds, discounts or pro-rates for absences. Advanced notification of absence must be received by the office in order to receive make-up. And, a make-up class reservation must be made, so we can guarantee class ratio.

_____ **DROPPING: I will give a 30 day notice when leaving the program, so that I may receive a release of financial obligation.**

_____ HOLIDAYS AND CLOSINGS due to circumstances outside of the gym's control (i.e. weather...) do not constitute a make-up day. CLASS CANCELLATIONS within the gym's control (i.e. competitive meets...) do constitute a make-up day. We reserve the right to cancel any class at any time. Notice of gym closings and holidays will be posted on the bulletin board and on the web site.

_____ FULL MONTH TUITION: We will pro-rate the first month of tuition for new members (3 weeks or fewer).

_____ FAMILY DISCOUNTS: We offer a 20% discount on two or more children enrolled in a program. (This offer excludes the annual registration fee.)

_____ **COMMUNICATION: I promise to communicate as often as necessary with the main office about any change in my family's schedule, in our class participation, or our family's personal information.**

Printed name of parent/guardian, or participant (if over 18)

_____ date: _____

Signature of parent/guardian, or participant (if over 18)

_____ date: _____

Witness:

_____ date: _____

(Office Only)