



Registration Form

Student Info

Name _____

Birthdate _____ Sex _____ Age _____

Allergies _____ Medications _____

Class _____ Day _____ Time _____

Name _____

Birthdate _____ Sex _____ Age _____

Allergies _____ Medications _____

Class _____ Day _____ Time _____

Contact Info

Name _____ Name _____

Address _____ Address _____

City, State _____ City, State _____

Zip _____ Zip _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Emergency Contact (Other than Parent)

Name _____

Phone _____

Signature _____ Date _____



PEAK GYMNASTICS -- POLICIES AND PROCEDURES

MEMBERSHIP FEES: All new registrants must pay the annual \$45 single membership or \$60 family membership fee. **They are nonrefundable and nontransferable.**

TUITION: Tuition is due on the 28th of the month. Payments received on or before the 28th of the month will receive a 5% discount on tuition. A \$20 late fee will be added to your monthly tuition if it is not paid by the 9th of the month. All NSF checks will receive a \$25 fee. We do require a credit card to be retained on file. If you chose not to do so, then a 2 week deposit is required at signup, in addition to the tuition that is due.

DROP POLICY: There is a 1 month notice required for withdrawal in writing. Please notify the Front Office, NOT the coach, if you are planning on discontinuing your enrollment. You will be responsible for any tuition fees charged while we hold your space in a class(es).

GYM CLOSING POLICY: Gym closings due to holidays will be posted on Facebook, Instagram, the lobby and emailed. Gym closings due to weather will follow the Wake County school system, unless you receive an email stating otherwise. We will also post on Facebook, Instagram and our website.

MAKE UP POLICY: One makeup class per month is permitted as long as room is available. We do not allow students to "jump in" to classes for make ups. This is to insure we maintain the proper ratios. Please see the office to sign up for make ups. There will be no refund or pro-rated fees for missed classes.

RULES AND POLICIES:

- For the safety of the gymnasts, hair must be pulled back and out of face.
- For the safety of the gymnasts, no jewelry is allowed on gym floor. Stud earrings are ok. Peak Gymnastics is not responsible for lost items.
- All gymnasts in Rec classes **must wear leotards**. Gymnastics/Cheer shorts are ok over leotard. Form fitting clothing is ok for boys in Tumble classes.
- No food or drink in the gym area (this includes gum).
- Children will wait in designated area for the instructor to call the class.
- No parents allowed on gym floor.

Please feel free to talk to the coaches about how your child is progressing, but understand the instructor may have a class either directly before or after your child's class.

FOR ALL ATHLETES UNDER THE AGE OF 18: A legal parent or guardian of this athlete, I verify that I understand and accept each of the above conditions and hereby permit my child to participate in Peak Gymnastics Academy's classes, events, competitions and activities.

____ (Initials) I give permission to use my child's picture or likeness and first name for Peak Gymnastics Academy publications, social media, and website.

Printed Name Parent/Guardian: _____

Signature parent/Guardian: _____

Date: _____



Peak Gymnastics Academy
6003 Old Jenks Rd
Apex, NC 27523

CREDIT CARD AUTHORIZATION

I _____, authorize Peak Gymnastics Academy to charge my credit card as indicated below. Furthermore, I agree to pay for accrued monthly fees and hold Peak Gymnastics Academy harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on this credit card. This authorization is valid for the duration of my membership at Peak Gymnastics Academy. I further understand there is a no refund policy.

Cardholders Name _____
(As it appears on the credit card)

Signature _____

Date ____ / ____ / ____

Card Type: (Circle one) Visa MasterCard Discover

Credit Card #: _____ / _____ / _____ / _____

Exp. Date: ____ / ____

CVV Code: _____ (3 digit code)

Credit Card Billing Address:

Street _____

City, State & Zip Code _____

Email Address _____