



# Application for Membership

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail \_\_\_\_\_

First Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication \_\_\_\_\_

Other medical conditions or concerns ( ) Yes ( ) No \_\_\_\_\_

Start date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_

Second Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication \_\_\_\_\_

Other medical conditions or concerns ( ) Yes ( ) No \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Work Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Previously enrolled at Windsor Gymnastics Center ( ) Yes ( ) No Referred by: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Person to contact when parents are unavailable: \_\_\_\_\_ Phone: \_\_\_\_\_

## Acknowledgment of Risk and General Release of Liability

I (we) the undersigned parent, or legal guardian of a student of Windsor Gymnastics Center, for and in consideration of the enrollment of my child or ward for whom I have legal custody, hereby voluntarily and knowingly execute this general release with the expressed intention of effecting the extinguishment of and complete release from any and all claims, actions, demands, or rights to monetary judgment arising from any and all injury or physical harm which may arise from or be sustained as a result of the participation of my child or legal ward in the various programs of instruction, practice, and physical activity associated with Windsor Gymnastics Center. I also hereby authorize medical treatment to be administered to my child by a licensed doctor or medical technician immediately without having to wait until I/We are contacted.

*(for office use only)*

First Student class fee \$ \_\_\_\_ x \_\_\_\_ week: \$ \_\_\_\_

2nd Student class fee \$ \_\_\_\_ x \_\_\_\_ week: \$ \_\_\_\_

3rd Student class fee \$ \_\_\_\_ x \_\_\_\_ week: \$ \_\_\_\_

Membership: \$ \_\_\_\_

Total Due: \$ \_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Parent or legal guardian*

Windsor Gymnastics Center  
www.windsorgymnastics.com

7798 Bell Road

(707) 838-4386 phone

# WGC Policy and Procedure of Enrollment

Student's Name(s) \_\_\_\_\_ Class Level (s) \_\_\_\_\_ Day & Time \_\_\_\_\_

## Membership Privileges

- ☐ First month's tuition and the athletic membership fee are due prior to class participation. The membership fee is annual to your registration date. In the event of discontinuation of your monthly participation, the membership is subject to cancellation. Membership is non-transferrable.
- ☐ Drop policy: Your class space is automatically held for the following month. Tuition will be charged unless advance notice of 30 days is received by our office
- ☐ \$10 Re-Registration fee: A \$10 re-registration will be charged if you drop the program without notification and for longer than one month (vacation time).
- ☐ Family Discount: Twenty percent (20%) discount on membership and monthly tuition is applicable for second and each additional sibling. The discount will apply to the lowest tuition rate.
- ☐ Makeups: One makeup class is allowed per 4-week session and must be made up within a month of missed classes. All makeups must be scheduled prior to attending a class your child is not normally enrolled. Makeups must be attended when scheduled or otherwise forfeited. Cancellation of a makeup must be done prior to the day of makeup. Makeups are not transferable to the following month tuition.
- ☐ Open Gyms: May be used as a makeup class while the gymnast is enrolled in our program. Payment for Open Gym is due at time of reservation. No refunds will be given if spot is not cancelled prior to Open Gym day.
- ☐ Star Charts

## Payment

- ☐ Payment Discount Rate: All payments are due by the first of the month. Payments made prior to the 10th of the month will receive the discount rate. No billing will be done unless payment is not received by the 10th of the month. Then a billing for the regular rate will be sent.
- ☐ Returned checks will be re-deposited unless otherwise notified. A \$10 fee will be charged for returned checks.

## Parent Responsibilities

- ☐ Warmups: All classes begin with a warmup and stretching that help reduce the risk of injury. A student that is ten or more minutes late for class may be requested to schedule a makeup class.
- ☐ Vacation Time: Class fees will be pro-rated to accommodate vacation plans. Vacation can be taken in two or four week intervals. Please use the vacation cards that are available next to the tuition box.
- ☐ Parent & Sibling Viewing: Parents are welcome to view classes from the observation area. Toddlers and siblings must remain in observation area behind the gated wall at all times.
- ☐ Parking: Please utilize the marked spaces in the parking lot and do not park in the red fire lane.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coach's Signature: \_\_\_\_\_