



# Texas Best Gymnastics and Youth Center.

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Class: \_\_\_\_\_

6625 W Eldorado Pkwy ♥ McKinney, Texas 75070 / p 972-529-9929 f 972-548-2556

[www.texasbestgymnastics.com](http://www.texasbestgymnastics.com)

## ENROLLMENT FORM

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Start Date: \_\_\_\_\_

Mother & Father's (Guardian) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Person to Contact if parent is unavailable: Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy No: \_\_\_\_\_

Please list any problems, including allergic reactions, and medical history we should be aware of: \_\_\_\_\_

**RELEASE:** I recognize the potential for injuries which can occur in gymnastics and activities involving movement, use of trampoline, and exercise. I understand that paralysis or even death can result from improper conduct of the activity. I \_\_\_\_\_, legal guardian of the above person(s) participating in activities on equipment owned and/or used by the TUMBLE BUGS INC, dba Texas Best Gymnastics (TBG), and hereby agree that I, for myself, my child(ren), adopted or otherwise, my heirs and executors, waive and release any all rights and claims for damages, that I may have at anytime against TBG or it's agents and representatives for an injury or damages I connection with my association with or entry in gymnastics or other activities sponsored by TBG.

As legal guardian of the above participant(s), I hereby agree to individually provide for the possible future medical expenses, which may result from injury sustained while at TBG.

I confirm that the above named student(s) is in good health and has had a physical exam within the past year.

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

**PERMISSION TO TREAT:** In my absence, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child(ren), should sickness or injury occur.

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

# Texas Best Gymnastics

## POLICIES, PROCEDURES, and INFORMATION

### TUITION

- First month, deposit, & membership fee is due at time of registration.
- Tuition is divided into monthly payments for your convenience. All holidays have been considered in the price.
- Payments are made monthly.
- Tuition is due the 1<sup>st</sup> thru the 5<sup>th</sup> of every month. Statements are not mailed out.
- **WE OFFER ELECTRONIC DRAFT (deposit waived when enrolled).**
- Tuition reserves your child(ren) space in class.
- \$5 LATE FEE to all outstanding payments.
- \$15 FEE for returned checks.

### MEMBERSHIP FEE

- A \$20 membership fee is due upon registration and must be renewed annually.
- **Membership fees are non-refundable.**

### WITHDRAW

- **2 week** written notice for all withdraws.
- Without proper notice we reserve your child(ren) space and payment will be expected.
- Money is **NOT** credited or refunded for missed classes.
- Upon proper 2 week written notice & current tuition, you will be refunded your deposit.

### CLOSINGS

- We follow the McKinney ISD for most holiday closings. Please check bulletins for dates.
- We follow the McKinney ISD for all inclement weather closings and delays.

### SAFETY

- For safety reasons, please come inside to retrieve your child(ren).
- Prompt pick-up is required.

### ABSENCE POLICY

- We offer make up classes for parent child classes **ONLY**. Please make every effort to ensure your child makes it to his or her class.

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

Monthly EFT acceptance agreement \_\_\_\_\_ Date \_\_\_\_\_