



~Office Staff~

Trial Recv'd _____ Reg Fee ____/____/____

Class Name _____ Day _____

Time _____ Instructor _____

Coupon Details _____

1525 University Drive Auburn, GA 30011 770-680-5231
www.extremegymauburn.com extremetumble@yahoo.com

Student's Name _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

School _____ City _____ Grade _____

Mother's Name _____ Employer _____ Work Phone _____

Father's Name _____ Employer _____ Work Phone _____

Emergency Contact Person _____ Relationship _____ Phone _____

Medical Conditions/Medicine _____

How did you hear about EXTREME? _____ Email _____

EXTREME TUMBLING TRAINING CENTER POLICIES and PROCEDURES

____ **Annual Registration:** All participants must obtain an annual club membership to begin training. Registration charges accrue annually from your original start up date. The registration fee is \$40 for one child/adult member, \$50 for a dual-family membership, and \$60 for an unlimited family membership covering up to six participants per household. Memberships are non-refundable and non-transferable.

____ **Extreme Tuition Rates:** Tuition is calculated based on the class duration and/or class type. Adult programs range from \$30 per month to \$60 for unlimited classes per month. All one hour classes cost \$60 per month and forty-five minute classes cost \$50 per month. Discounts are given to participants taking multiple classes and families having more than one child in a program. Tuition rates are calculated to include four classes per month. Participants beginning in the middle of the month may receive a prorated tuition rate.

____ **Tuition Payment Policy:** Tuition fees are due monthly. All tuition is due on the first and is considered late by the 5th. We do not invoice, except in the instance of a missed payment. If payment is not received by the 5th of the month, and invoice will be generated and given to the participant on their next class visit. Invoices not picked up in the office will be mailed to your residence. **A \$20 late fee will be added to each account showing delinquent payments. A \$25 returned check charge will be added to your account in the event of insufficient funds. Debit, credit, cash, and online banking checks are the preferred method of payment.**

____ **Make-Up Policy:** As a courtesy, Extreme offers athletes one make up class per month. In the event of absence due to sickness, please see the front desk staff to schedule a make-up class.

____ **Gym Closing/Holidays:** Our scheduled gym closings are posted in the front office area, online and in our monthly newsletters. Please pick up a member policy page at the front desk for your copy of our scheduled closings and events. We follow Barrow County and Gwinnett County School system closing advice in the event of bad weather, and if able a recorded message will be left on the gym answering machine. We strive to ensure you receive 4 classes per month, so in the event, over the course of the year you will not, you will be allowed to make up the missed class due to holiday closing.

____ **Withdraw Policy:** In the event that you need to withdraw from a class, please provide us with a 30 day written notice so that we may prepare to fill your child's spot in their class. This notice can be filled out at the front desk, or called in so that we may fill out the necessary information. You will continue to receive information and invoicing until we receive your withdraw notice, or until all balances are paid in full.

____ **Mobility Requirements:** Students are grouped together in classes based on age and ability. Our program descriptions list age breakdown guidelines to assist with the placement of and athlete in a class. We will test athletes twice per year to evaluate skill knowledge and development and the coaching staff will advise you if your athlete is ready for the next level of training.

BY SIGNING BELOW YOU AGREE TO ABIDE BY THE POLICIES ABOVE.

Parent Signature _____ Date _____