



Registration Form

Student's Name: _____ Age _____ Birth Date _____

Mothers Name: _____

Fathers Name: _____

To be completed by the party who will be financially responsible for the above student

Address _____

City: _____ State: _____ Zip: _____

Home Phone : (____) ____ - ____ Work : (____) ____ - ____

Other (cell) : (____) ____ - ____

E-Mail Address: _____

Class _____ Day/Time _____

Class _____ Day/Time _____

Fill out the information below so we may act quickly in the event of an accident

Who to call if parents cannot be contacted:

Name/Relation: _____ Phone: (____) - ____ - ____

Name/Relation: _____ Phone: (____) - ____ - ____

Doctor's Name: _____ Phone: (____) - ____ - ____

Medical Insurance

CO: _____ Policy# _____

Hospital Preference _____

Any intolerance to drugs or medication?

Any previous illness or injury the staff should be aware of?

If so, are there any restrictions?

I, the Parent/guardian (circle one) of _____, give permission of emergency medical treatment of my child if I cannot first be contacted.

Emergency # not listed above: Phone: (____) - ____ - ____

Parent/Guardian Signature: _____ Date: ____/____/____

Office Use Only	
Date of Registration _____	Staff _____
Payment Type _____	Receipt # _____



Payment Policy

Tuition will be due at your last class of the month if you are going to take classes the following month. After the 1st, (Feb. 1st, Mar. 1st etc.) a \$10 late fee must accompany your payment. If payment is not received within 5 business days, (after the 1st), your child will be dropped from the class and may lose their spot. Payment must be made before your child can attend any classes for the new month. **If you drop your child off without payment, your child will not be able to attend the class** unless a make-up is available. You agree to pay the sum of \$25.00 for each returned check or non-sufficient fund notice.

Membership Fee

A \$30 dollar, non-refundable membership fee is due when you sign up for your first class. It will be due annually based on the date you started with ACT.

Refunds

Refunds will not be issued. Students who have paid for the month and are injured will be allowed to make-up missed class due to injury.

Make-ups

Students who have missed class will be allowed to make it up. The class must be scheduled within two weeks of the missed class. All make-ups must be scheduled through the front desk. No refunds for missed classes will be given.

Gym Closing

Atlantic Coast Tumbling will have scheduled closings throughout the year (Thanksgiving, Christmas, etc.). Classes will not be prorated or otherwise discounted for those months in which closings occur. In the event that the gym is closed due to inclement weather etc. you may schedule a make-up class with the front desk.

Participant Policy

Students are allowed on the floor 15min prior to the beginning of class. Students should be dressed appropriately for the activity. No jewelry is to be worn during class with the exception of stud earrings. No gum or food/drink is allowed on the floor. We expect all students to be attentive and respectful to coaches and staff. Failure to do so will result in dismissal from class. Come prepared to learn, be active and have fun!

Non-participant/Spectator Policy

Spectators/Parents are welcome in our facility. We do ask that all non-participants remain in the designated area. At no time should any non-participant come out on the floor or use any equipment without permission from our coaches or staff. Also, in order for our coaches to be effective, we ask that all spectators refrain from “coaching” any student during class. If you would like to speak with a coach please let our desk staff know and they will be happy to arrange a meeting for you.

I have read, understand, and agree to abide by the policies established by Atlantic Coast Tumbling Inc.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Athlete Signature _____ Date: ____ / ____ / ____