**BULL CITY ATHLETICS**

**5017 Neal Rd • Durham, NC • 27705 • (919) 383-3600**

**2019-2020 Registration Form (August 5, 2019- May 30, 2020)**

**STUDENT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ /\_\_\_\_ /\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (1) SEX AGE DATE OF BIRTH SCHOOL ATTENDING

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS TYPE CLASS NAME CLASS DAY TIME MEDICAL CONDITIONS (IF ANY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ /\_\_\_\_ /\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (2) SEX AGE DATE OF BIRTH SCHOOL ATTENDING

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS TYPE CLASS NAME CLASS DAY TIME MEDICAL CONDITIONS (IF ANY)

**[ ] Please check here if you are a returning member & the information in the box below has not changed. You may skip to the Waiver.**

**PARENT/RESPONSIBLE PARTY INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY ZIP HOW YOU HEARD ABOUT US

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Mail Phone

EMAIL ADDRESS Preferred Means of Communication

**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE**

**Please read before signing below**

 As legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, climbing rope, dance equiptment, etc.

 In consideration for allowing my child to use these facilities, I hereby forever release SRM Gym Inc., dba Bull City Athletics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Bull City Athletics, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

 I acknowledge these activities are a strenuous, physical sport, and I certify that my child is in good health and physical condition and is fully able to participate in the programs of Bull City Athletics, and will maintain that physical condition so long as he/she participates in the programs.

 Should my child become ill or injured while participating in an authorized activity and I and/or my child’s guardian(s) are not available, I hereby grant any administrative director, staff person, agent or employee of Bull City Athletics the authority to obtain the emergency medical attention they deem necessary. As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained in training or performance for Bull City Athletics. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

 I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Bull City Athletics. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk, Waiver of Liability and Medical Release as stated above.

 Parent or Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bull City Gymnastics**

**2019-2020 Policies and Procedures**

**Registration:** A non-refundable membership fee of $30 (Max $75 per family) is required yearly upon registration. The membership is valid until May 30, 2020.

**Family Discount:** Your family pays the full tuition on only one student’s tuition. All lesser tuitions for immediate family members enrolled in BCG programs are discounted 15%.

**Payment of Fees:**

Auto-Payment by Debit or Credit Card Charge: Each family must provide a credit or debit card associated with their Parent Portal online account. After initial registration, subsequent monthly tuitions will be charged to your debit or credit card on the 25th of each month, and your child will be guaranteed their spot in class.

Alternative Payment Methods: To opt out of direct debit, simply pay you tuition in person, online, or by phone anytime BEFORE the 25th of the month. Your account will then be credited and the card on file will then not be charged for the next tuition payment.

**Withdrawals:** Withdrawals may be processed at the end of any month. To withdraw from class the parent/guardian must complete a withdrawal form or email info@bullcitygymnastics.com before the 25thof the month to withdraw for the following month of classes. Auto-payments will be terminated at the time of withdrawal. There will be a 5% fee for processing withdrawals after the start of a new month.

**Missed Classes and Make-ups:** As a courtesy to our customers, 1 make-up classes may be taken per month for missed classes. Make-ups must be scheduled with the office to ensure space for your child. Account credit may be issued for missed classes due to extended illness or injury. Please inform the office immediately should this occur.

**Refunds:** If a student is unable to complete a month of classes, make-ups will be offered to account for the difference. No refunds will be given exceptions will be made for injuries or illness that permits the student from participating. Bull City Gymnastics reserves the right to terminate lessons to any student without notice. In such a case, a refund for unused lessons will be given.

**Returned Checks:** A fee of $25.00 will be charged for checks returned by the bank for any reason, including electronic and paper checks.

**Long/Short months:** Tuition is budgeted on a 40-week school year (10 months X 4 weeks). Class tuition does not rise with longer months or lower with shorter months. Over the year the 10 months of August-May average 4 weeks each.

**Extreme Weather, Substitutions or Unexpected Interruption of Classes:** If the school must cancel classes due to extreme weather or events beyond our control, the student will be entitled to make up that class at a later date. Make-ups must be scheduled with the office to ensure space for your child. No refunds for lessons missed due to these reasons will be given. The school reserves the right to provide a substitute teacher if the regularly scheduled teacher is ill or otherwise unable to teach classes. If feasible, the school may also combine two classes for that lesson.

**Dress Code:** Appropriate gym wear must be worn to all classes. A leotard for girls is preferred, but shorts and a shirt are acceptable. For male gymnasts shorts and a shirt should be worn. Student may not wear jeans or jewelry, and long hair must be tied back for all classes.

**Parents’ Responsibility to be Aware of Dates and Events:** It is the responsibility of the parent or adult student to be aware of all school activities and dates the school is open or closed. The school will post all such notices at the school, on the school website, and send appropriate notices home with the students. It is the responsibility of the parents or adult students to inform the school of any e-mail, address or telephone number changes.

**Care of Students:** The school is not responsible for providing before or after class care for students. Students are not to be left at the school for excessive time before or after class. BCG reserves the right to charge $1/minute to students who are not picked up within 10 minutes after the end of their class. Siblings of students must be supervised by the parent/guardian at all times while in the building and are not allowed in the gymnastics area or on any equipment.

**Injuries:** Parents, legal guardians of minor students, and adult students waive the right to any legal action for any injury sustained on school property resulting from normal gymnastics activity or any other activity conducted by the students before, during, or after class time. School waiver must be completely filled out prior to the start of classes.

**Photo Release:** BCG is hereby granted permission to take photographs of the students to use in brochures, websites, posters, advertisements, and other promotional materials. Permission is hereby granted for the school to copyright such photographs in its name.

**Gym Rules:** Only registered students are permitted to enter the gymnastics area under supervision of an instructor. All parents, guardians, and siblings must use the bathrooms located in the lobby area. Gym bathrooms are for registered students only.

**I have read and understand the above policies and procedures and agree to abide by them.**

**I understand that this agreement will stand until May 30, 2020.**

Student Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bull City Athletics Family Payment Agreement**

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|  |  |
| --- | --- |
| ***Class Name*** | ***Monthly Tuition*** |
| Parent and Tot | $66 |
| Preschool | $73 |
| Kindergarten | $79 |
| Homeschool | $79 |
| Super Boys (Beginner) | $79 |
| Elite Boys (Advanced) | $79 |
| Tumbling & Trampoline | $79 |
| Rising Stars (Beginner) | $79 |
| Shooting Stars (Intermediate) | $79 |
| Super Stars ( Advanced I) | $79 |
| Shining Stars (Advanced II) | $108 |

 Annual Membership Fee Due: \_\_\_\_\_\_\_\_

Membership privileges effective through May 30,2020

Tuition due upon Registration: \_\_\_\_\_\_\_\_

**Registration Total Due:** \_\_\_\_\_\_\_\_

Paid: \_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

***Family Information***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (1) Class Name Day Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (2) *(****Receives 15 % Sibling Discount***) Class Name Day Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Class

***Preferred Method of Payment (Initial Only One Option)***

**Option 1: Automatic Payments**

Initials: \_\_\_\_\_ I hereby authorize Bull City Gymnastics to charge my account in the amount of $\_\_\_\_\_\_\_\_ on the *Priority Deadline prior to each term* starting \_\_\_\_\_\_\_ for instruction. I understand that my payment on the Priority Deadline will guarantee my child's spot in class, and that charges will continue through the final term unless I notify the office in writing prior to the Priority Deadline. Should I choose to withdraw after the Priority Deadline, I understand a 5% late withdrawal fee will be applied to any refunded tuition.

  Visa  Master Card  Discover

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Card Number Expiration Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder’s Name

**Option 2: Payments in Person**

Initials: \_\_\_\_\_\_ I have elected to pay my child’s tuition in person. I understand my child's ongoing spot in class can only be guaranteed for a term if payment is made in full by the Priority Deadline. I also understand my account will be charged $25 for all returned checks.