

River City Gymnastics & Cheerleading

Gymnastics fitness program

2019/2020

Parents,

We appreciate your interest in our Gymnastics Fitness Program.

Our purpose is to provide an exciting introduction to the world of gymnastics. We wish to provide activities that will encourage physical and mental growth. Please understand that we are a gymnastics and cheerleading facility, not a licensed daycare program.

Enclosed is the registration packet that includes:

- Fees and General Information
- Registration Form
- Behavior Agreement
- Sick Policy
- Gym Policies

Please read over and be sure to complete all forms enclosed. Each child will be required to pay a \$40 non-refundable registration fee to reserve their spot in our Gymnastics Program. We also need you to register your child online.

Please go to our website @ rivercitygymnastics.info. Click on the Create Account button to start the process. If your child has taken classes with us before, please go to Parent Login. If you have forgotten your user ID, please give us a call and we will help you with that information. Make sure that your child's information is entered and request enrollment in the Gymnastics Fitness Program for your child.

If you wish to pay the registration fee online, please make note of this in the additional notes box and we will make sure that we get your charges processed on your account. Otherwise, charges will not appear until you come in to the gym.

Thanks,

River City Gymnastics & Cheerleading



Fees & General Information:

The current fees are as follows:

\$40 annual registration fee (non-refundable)

\$215 per month if paid by the first of the month (includes transportation)

Late fees of \$10 will be assessed after the 5th of each month.

After the 15th additional \$10 late fee will be added.

These fees will include the following for your child:

- Transportation from select schools
- Activities include strength and flexibility training and cardio activities
- Supervision until child is picked up

All Gymnastics Fitness Program athletes will be expected to sign up for our Auto-pay system. If you have not paid before the 5th of the month, the credit card on file will be charged your tuition payment. If your credit card does not go thru for any reason a \$30.00 NSF will be charged to your account. This is not negotiable.

You will need to provide a small healthy snack for your child each day.

Operation hours are as follows:

- After school till 5:30 **p.m.**

Please try to call if you are going to be delayed in picking up your child. Charges may be assessed if you are more than 15 minutes late.

The Gymnastics Fitness Program follows the Judson ISD student calendar. Therefore, the program does **not** operate during school holidays, teacher in-service days, or school closings due to inclement weather.

Additional Gymnastics/Tumbling classes are available. A 20% discount of extra gymnastics fundamental classes is available to all students enrolled in our Gymnastic Fitness Program. (Team Tuition is not included in discount.) We have gymnastics classes starting as early as 4:30 p.m.

See our website rivercitygymnastics.info
or our office for gymnastics class times and availability.

Please note that River City Gymnastics is not a licensed daycare facility.



Gymnastic Fitness Program Registration 2018/2019

Student's Name: _____ **Age:** _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Parent's Work #: _____

Parent's Cell #: _____

Home Phone #: _____

Person to contact if you cannot be reached:

Name: _____

Phone #: _____

Child's Name: _____ **Emergency Phone #:** _____

Child's School Campus: _____ **Grade:** _____

Homerom Teacher: _____

Persons authorized to pick up your child: _____

The person picking up the child will need to show appropriate ID before we release the child.

Office Use Only

Registered online: _____

Date Registration Paid: _____

Previous Medical History (broken bones, torn muscles, asthma, diabetes, etc.)

Other conditions we should know about to help us teach your child better?

Allergies to medication/food?

Physician to contact in case of emergency:

Name: _____

Phone: _____

Address: _____

Primary Insurance Company:

Policy Number: _____

Transportation Release:

I hereby authorize River City Gymnastics & Cheerleading to transport my child.

Parent Signature: _____ **Date:** _____

I, _____, the parent and/or guardian of _____, give River City Gymnastics and Cheerleading permission to seek emergency medical treatment of said minor if I am unable to be contacted for any reason. I am aware and understand that neither River City Gymnastics, nor its employees, are liable for any injuries acquired during any event sponsored by River City Gymnastics or its associates. I also understand that, as with any sport, a certain amount of risk is involved.

Parent Signature: _____ **Date:** _____

Please remember that River City Gymnastics is not a licensed daycare facility.

Behavior Agreement

At River City Gymnastics and Cheerleading we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple but effective rules. Below is our Behavior Agreement, please read over it with your child(ren) and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at River City Gymnastics & Cheerleading.

- I will listen to the staff and follow directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will respect other's personal space by keeping my hands and feet to myself.
- I will not hit or fight other people.
- I will use appropriate language, which does not include any swear word or negative remarks.
- Before leaving the room I will ask a staff member for permission.
- I will respect other people's feelings by having a positive attitude when talking with them and not talk down to others.
- No **electronics** are to be brought to the gym.(if they come to the gym they will be asked to be kept in their bag.)

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

River City Gymnastics & Cheerleading has the right to terminate enrollment in our programs for behavior issues. Initial here: _____

River City Gymnastics and Cheerleading

Sick Policy

1. Please call River City Gymnastics & Cheerleading if your child will not be attending for any reason, especially due to illness. Daily attendance is taken and we need to know if your child will not be in attendance.
2. Unless otherwise instructed by a Health care provider, children running a fever of 100F or greater should remain at home for at least 24 hours after the fever has broken.
3. Unless otherwise instructed by a Health care provider, children with recurrent vomiting or diarrhea should remain at home for at least 24 hours after it had stopped.
4. If your child has a communicable disease, parents are required to notify River City Gymnastics within 24 hours so that the parents of the other children may be notified.

By signing below you are indicating that you are aware of River City Gymnastics & Cheerleading's policy regarding illness.

Parent Signature: _____

Date: _____

Child's Name: _____



River City Gymnastics & Cheerleading Gymnastics Fitness Program

Please read, sign, and initial by the X's for the following Gymnastics Fitness Program.

Upon enrolling at RCG you will be expected to make payment by the 1st of each month.

All Gymnastics Fitness Program athletes will be expected place a credit card on file in our Auto-pay system. If you have not paid before the 5th of the month, the credit card on file will be charged your tuition payment. X _____

Please make sure that you have completed the registration process **online**. If you need help, please come into the gym and our office staff will be glad to help you.

Refund and Credit Policies

There will be **no refunds** given. X _____

Monthly tuition is **not** pro-rated for holidays. **Our Program follows the Judson ISD school calendar.** X _____

Arrival and Departures

Please pick up your child promptly. All children must be signed out by an authorized adult. If you must send someone who is not on your list to pick up your child, please call the gym to let us know. We will ask for identification for those adults that we do not know. X _____

I understand that River City Gymnastics is not a licensed day care facility. X _____

Gym Rules

Students are never allowed to work out in the gym without a coach for safety reasons. X _____

PHOTO RELEASE

I give consent for any pictures taken of my child involved in River City Gymnastics programs to be used for future RCG promotions, on display and on our website. X _____

In Case of Emergency:

I understand every effort will be made to contact the parents or guardian in case of emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility. I also understand that I will be responsible for payments of any medical expenses incurred on my child's behalf.

I/We the parent/guardian(s) have read, initialed, and understood all of the River City Gymnastics & Cheerleading Policies.

Parent Signature: _____ Date: _____

Please remember that River City Gymnastics is **not** a licensed daycare facility.

Credit Card Authorization Form

All River City Gymnastics Fitness Program students are required to provide credit card information below.

River City Gymnastics offers an automatic monthly debit system to pay tuition. Tuition payments are due the first of each month and will be determined late after the 7th of each month. If tuition is not paid by the 5th of each month, credit cards will be automatically debited for that month's tuition. The credit card listed below must be valid though the entire year (or must be updated before expiration date)

River City Gymnastics will work with families if the above dates need to be adjusted within reasonable parameters. Please see gym manager for special arrangements.

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Authorized Signature: _____

Cardholder's name: _____

Cardholder's full address: _____

Cardholder's Telephone#: _____

Cardholder's Email: _____

_____ I understand that unless I have paid by alternate method my card will be debited for tuition on the 5th of each month.

If you do not wish to provide this written form, you may go online and enter information into secure system yourself. ALL gymnastics fitness program students are expected to have a card on file.