



# Registration Form



## Family Information

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Best Phone \_\_\_\_\_

Email \_\_\_\_\_

## Student #1

Name \_\_\_\_\_

Male      Female

Birth Date \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Special Needs, Allergies, & Medication

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## Contact #1

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Contact #2

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Additional Students

### Student #2

Name \_\_\_\_\_

Male      Female

Birth Date \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Special Needs, Allergies, & Medication

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### Student #3

Name \_\_\_\_\_

Male      Female

Birth Date \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Special Needs, Allergies, & Medication

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## Required Policies and Agreements

### **Communication**

American GymStars uses your **EMAIL ADDRESS** for all forms of communication. It is your responsibility to inform us if your email changes.

I've read the above and agree.

### **Payment Policies**

Class tuition is due on the **15<sup>th</sup> day of EACH month** for the following month.

Cards accepted: VISA, MasterCard, American Express

I've read the above and agree.

### **Automatic Payment Policy**

Automatic charges run monthly on the 15<sup>th</sup> or the next business day for your full account balance.

I've read the above and agree.

### **Make-Up Policy**

Class tuition is not based on attendance, as it simply reserves your spot in class.

Make-up classes do not transfer to future months.

We will not offer make-up classes for missed make-up classes.

No credits or refunds will be given for classes missed.

Minimum 24 hour prior notification by email ([info@americangymstars.com](mailto:info@americangymstars.com)) must be received and approved before attending a make-up.

Student is allowed one make-up/month. Please understand makeups are not always guaranteed.

Make-up must occur within 30 days of absence & student currently enrolled.

I've read the above and agree.

### **Inclement Weather Policy**

Decision will be made by 3:00 p.m. regarding after school and evening classes.

In the case of inclement weather, we will email your email address of file immediately of closing. Classes canceled due to weather, are not offered makeups.

I've read the above and agree.

### **Withdrawal & Re-enrollment Policy**

It is your responsibility to formally withdraw your child by the 10<sup>th</sup> day of prior month via email ([info@americangymstars.com](mailto:info@americangymstars.com)). Failure to complete this will result in full tuition for the following month. Families requesting to re-enroll must complete the registration form, notify by email, notify by phone, make payment, and receive confirmation prior to attending the class.

I've read the above and agree.

### **Attire & Conduct Policy**

Make sure your child is dressed properly for class. (i.e. shorts, t-shirts, warm-up pants or leotards AND shirt must be tucked into shorts). Boys may wear athletic shorts/pants and a t-shirt/tank tops. Pants that are too long, cut offs, or pants with a belt loop are not allowed. Children participate in bare feet. Low cut tops and/or exposed midriffs are NOT ALLOWED. Children's hair should always be pulled securely away from their face. For your child's safety, please remove all jewelry. Stud earrings are allowed, no dangles.

Siblings of students may not be on the gym floor or equipment at any time. No one is allowed on any piece of gym equipment until an instructor has given permission. Any misconduct or unsafe behavior will not be tolerated and may result in the student being removed from the class for the day. Students must stay with their class at all times. Students may not be on the gym floor or equipment outside of their class time.

I've read the above and agree.

### **Parent Viewing**

All programs have an open viewing policy for classes.

I've read the above and agree.

### **Food & Drink Policy**

Water is allowed. We do not allow food or other drinks in the gym.

I've read the above and agree.

### **Assumption of Risk Policy**

By the very nature sports, gymnastics and other activities available at American GymStars carry a risk of physical injury. No matter how careful the participant and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment utilized, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. Sports, gymnastics or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk.

American GymStars is bound by law to inform all participants and/or their guardians of the risk involved in the activity of gymnastics and sports in general. Anyone participating in American GymStars programs must sign the notice on the application, and adhere to the safety rules governing American GymStars. These rules are posted inside the gym. In consideration for American GymStars acceptance of the application, and in consideration of the applicant's opportunity to improve skills through the use of American GymStars staff, equipment, and facility, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless American GymStars, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound.

I certify that the enrollee has no condition that prohibits full participation in the activities at American GymStars. I assume all the ordinary risks when using the facilities and hereby release American GymStars, or any of its employees, from any injury or damages suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize American GymStars, its agents and employees, to contact and secure necessary medical attention for me or my child.

I authorize that American GymStars has the right to use all photographs or video taken of me or my child during classes/practices/special events, etc. for advertising or promotional material.

I've read the above and agree.

I AGREE TO ALL OF THE ABOVE AND CERTIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF  
THE CHILD/CHILDREN BEING ENROLLED

Signature

Date

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**American GymStars**  
17466 Rt 37 N  
Johnston City IL 62951



/americangymstars



@americangymstars



Website : [www.americangymstars.com](http://www.americangymstars.com)  
Mailing : 411 E. Broadway Blvd  
Johnston City, IL 62951

Email: [info@americangymstars.com](mailto:info@americangymstars.com)  
Phone 618-899-5096 ext 1001  
Fax 888-253-6695

**Authorization to Withdraw Funds  
from a Checking or Savings Account**

I \_\_\_\_\_ authorize monthly payment to American GymStars  
Name of Account Owner

From my account at: \_\_\_\_\_  
Name of Financial Institution

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type:  Checking Account  Savings Account  Credit/Debit Card

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_ Zip Code \_\_\_\_\_

Payment authorized for \_\_\_\_\_

Name of Athlete

At the payment option checked below: (Payments are non-refundable) (In the event that American GymStars Increases fees during the time you paid for, you will not be charged for the additional amount until your contract has expired)

Monthly  Quarterly (\$5.00 Total Discount)  Semi-Annually (\$25.00 Total Discount)  Annually (\$50.00 Total Discount)

On this day (15<sup>th</sup> of the month) Note: In the event the 15<sup>th</sup> falls on a Saturday, Sunday or Holiday the funds will be withdrawn on the next business day

*I agree that American GymStars reserves the right to withdraw payment on a date later than, but not before the requested withdraw date (above). In the event that the payment is returned by the bank for Non-Sufficient Funds (NSF) American GymStars may initiate a new debit entry or resubmit an unpaid debit entry one time.*

This authorization shall remain in effect until revoked by me in writing to American GymStars

**Signature of Account Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Terms and Conditions of the Automatic Withdraw

1. **Date of Withdrawals:** American GymStars reserves the right to withdraw any scheduled payment on a date later than, but not before, the requested withdraw dates
2. **Cancellation and/or Bank Charges:** If the person responsible (above) for the payment of the fees for the athlete would like to make changes to bank accounts or fees, American GymStars **must** be notified five (5) days prior to the next scheduled draft and a new "Authorization to Withdraw Funds from a Checking or Savings Account" filled out. If changes are made resulting in a delay of payment, American GymStars will not be held liable for cancellation of the athlete's classes.
3. **Termination of Classes:** If the payment is not able to be debited from the account owners account after two attempts, and another arrangement has not been made to pay for the next month's classes, the athlete will be removed from that class. When payment has been made, the student may return to the class they were in before if that spot has not been filled. If their spot has been filled, they will be required to move to another class or wait until a new class opens.
4. **NSF Charges:** In the event that a payment is returned by the account owners bank for Non-Sufficient Funds (NSF), American GymStars may initiate a new debit entry or resubmit an unpaid debit entry one time. American GymStars will not be responsible for NSF charges resulting from a scheduled draft.
5. **Hardship:** In the event you are unable to have the funds withdrawn on the scheduled date but would like to keep your enrollment, you **must** notify American GymStars five (5) days prior to the withdrawal so we can work out an acceptable solution for payment.
6. **Fees:** Monthly fees may be changed at the discretion of American GymStars If fees are increased, a 30 day notice will be given. If you have opted for the quarterly, semi-annual or annual payment your fees will **not** increase until your contract time has expired.
7. **Confidentiality:** All information will be kept confidential and in a secure location at our office.

**Signature of Account Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and agree to the terms and conditions of the automatic withdraw