



# Sanford Academy of Gymnastics

Open Enrollment Registration Form/Auto Draft

2731 Lee Avenue.  
 Sanford, NC 27332  
 919-776-1496  
 sanfordacademyinfo@gmail.com  
 www.sanfordacademygym.com

Parent/Guardian Name \_\_\_\_\_

Child/Athlete Name \_\_\_\_\_

Athlete DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we text \_\_\_\_\_

Insurance Company: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Class Selection:**

**Day:** M T W Th Sat. (circle one)

**Time:**

**Class Selection: (Circle one)**

**Tumble Tots** (12mos-2.5)

**Lion's Cubs** (3&4yrs old)

**Tiger Paws** (4&5 yr olds)

**Firestarters** (Girls ages 6+)

**Interm./ Adv.** (Skill based)

**Tramp & Tumble** (Ages 6+)

**Tumbling:** Level 1 2 3 4

**Auto Draft Class Amounts:**

\$60.00/Monthly W/Auto Draft

\$40.00 Tumble Tots

**Annual Registration Fee:**

**\$30** for the 1st child, **\$15** for every additional child when signing up at the same time!

**Release of risk and liability:** I hereby authorize the staff at Sanford Academy to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive any and all claims for personal injury, illness, and/or property damage that I may have against Sanford Academy and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with Sanford Academy. I understand that participation in gymnastics, cheerleading, dance, tumble any other gym activity that involves motion, rotation, and/or height carries with it the risk of injury. I understand that all medical expenses incurred will be the responsibility of the student or the student's family. In lieu of any medical certification signed by a medical doctor, I state that I have no knowledge of any physical injuries or impairment that would be affected by the named student's participation in any program at Sanford Academy. I also expressly grant Sanford Academy or any approved third party of Sanford Academy, the right to film, videotape, photograph, or record my child. I give Sanford Academy irrevocable right to use, display, digitally enhance and/or alter in any manner the film, videotape, photograph, or record of my child and use in any promotional activities to include but not limited to broadcast, television, cable, radio, motion picture, videotape, website, DVD, CD, or any published articles. I understand that jewelry is not to be worn during any class or practice while at Sanford Academy. I also understand that if asked to remove jewelry, I will be responsible for the security of that/those item(s). **Sanford Academy is not responsible for items lost, stolen, or damaged.**

**Athlete Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Additional Child Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Additional Child Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Second Class Price \$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Third Class Price \$ \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_

Each additional class receives a 15% discount monthly

**Annual Registration Fee**

**\*multi child same day sign up discount!**

First Child \$30.00

Second Child: \$15.00

All Additional children \$15.00

# Initial Payment Amount

First Month Class \$ \_\_\_\_\_ Plus Registration Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Check Amount \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \$ \_\_\_\_\_

Payment Information: Master Card / Visa (circle one)

16 digit card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

CVS Code \_\_\_\_\_ (3 digit code on the back of the card)

Name on Card \_\_\_\_\_

I authorize Sanford Academy to charge the above listed credit card in the amount provided above

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Automatic draft

I authorize Sanford Academy to draft the above listed card in the amount of \$ \_\_\_\_\_ every month on the \_\_\_\_\_ day of each month beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. I authorize Sanford Academy to send me invoices/statements via email. I understand that I must submit in writing if I would like to discontinue classes for my child(ren) with Sanford Academy of Gymnastics and my notice of cancellation either in person or by email, must be provided in writing at least 30 days prior to my next draft.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that although my child(ren) is registered for class(es) at Sanford Academy, my child is not obligated to attend those classes and will not be provided with a make up class for any missed classes, unless pre-approved by the office and only as an exception. I also understand that my child's membership is ongoing until my written cancellation has been received by the office and if emailed, I will keep a copy of response that the office has received it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not wish to have my account auto-drafted, I understand that by making manual payments month to month I am incurring a \$10/month/class surcharge.

**Notice:** Accounts that are being paid manually will be closed if accounts become delinquent for a period of **2 weeks** and athlete will no longer have a guaranteed spot in that class. My monthly tuition manually is \$ \_\_\_\_\_ (initial)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*ALL CC information is kept secured at all times and Sanford Academy will only charge your account for the amount authorized on this form*

## Card information update:

Payment Information: Master Card / Visa (circle one)

16 digit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVS Code \_\_\_\_\_ (3 digit code on the back of the card)

Name on Card \_\_\_\_\_

I authorize Sanford Academy to charge the above listed credit card in the amount provided above

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Updated Draft Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Updated Draft Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Updated Draft Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_