

**MALE / FEMALE**

(CIRCLE ONE)

ZIP CODE

PREFERRED CONTACT NUMBER

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RELATIONSHIP TO STUDENT

PLEASE LIST ANY MEDICAL CONDITIONS, ILLNESSES, INJURIES OR RESTRICTIONS

(SEE REVERSE)

NO. I WOULD NOT LIKE TO SIGN UP FOR AUTO-PAY

☐ OTHER

RELATIONSHIP TO STUDENT

EXPIRATION DATE

PARENT OR LEGAL GUARDIAN

INITIALS I AM AWARE THAT PARTICIPATION IN THE SPORT OF GYMNASTICS AND CHEERLEADING WILL BE A DANGEROUS ACTIVITY INVOLVING **MANY RISKS OF INJURY**. I UNDERSTAND THE DANGERS AND RISKS OF PARTICIPATION INCLUDE, BUT ARE NOT LIMITED TO, DEATH, SERIOUS NECK OR SPINAL INJURY, WHICH MAY RESULT IN PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO ALL INTERNAL ORGANS, INJURY TO ALL BONES, LIGAMENTS, MUSCLES, TENDONS AND OTHER ASPECTS OF MY BODY. I UNDERSTAND THE DANGERS AND RISKS OF PLAYING OR PRACTICING MAY RESULT, NOT ONLY IN SERIOUS INJURY, BUT IN SERIOUS IMPAIRMENT OF FUTURE ABILITIES. BECAUSE OF THE DANGERS OF THESE SPORTS, I UNDERSTAND THE IMPORTANCE OF FOLLOWING THE INSTRUCTORS DIRECTIONS REGARDING TECHNIQUES, TRAINING AND OTHER RULES AND AGREE TO OBEY ALL INSTRUCTIONS. IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH THE SPORT OF GYMNASTICS AND CHEERLEADING AND AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH THE PARTICIPATION IN ANY ACTIVITIES RELATED TO THE PROGRAM. THE TERMS HEREOF SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE AND FOR ALL MEMBERS OF MY FAMILY.

INITIALS ☒ I, AS THE PARENT/LEGAL GUARDIAN, HAVE READ THE ABOVE WARNING AND RELEASE AND UNDERSTAND THE SPORT OF GYMNASTICS AND CHEERLEADING INVOLVES MANY RISKS, INCLUDING BUT NOT LIMITED TO THOSE OUTLINED ABOVE. IN CONSIDERATION FOR SHENANDOAH TUMBLERS, INC. PERMITTING MY CHILD TO PARTICIPATE IN THE PROGRAM, I HEREBY AGREE TO HOLD SHENANDOAH TUMBLERS, INC., ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY LIABILITY WHICH MAY ARISE IN CONNECTION WITH PARTICIPATION OF MY CHILD IN ACTIVITIES RELATED TO THE PROGRAM. THESE TERMS SERVE AS A RELEASE. I APPROVE THE ADMINISTRATION OF MINOR FIRST AID BY THE SHENANDOAH TUMBLERS, INC. STAFF AND REQUEST THAT THE ABOVE-NAMED PARENTS, GUARDIANS OR EMERGENCY CONTACT BE CALLED IN THE EVENT OF INJURY OR ILLNESS. I AUTHORIZE TREATMENT AT THE WINCHESTER MEDICAL CENTER IF DEEMED NECESSARY BY THE SHENANDOAH TUMBLERS, INC. STAFF AND AGREE TO PAY ALL DEBTS ASSOCIATED WITH THIS TREATMENT. I ACCEPT AND UNDERSTAND ALL OF THE INFORMATION SET FORTH ABOVE AND ON THE **GYM POLICIES** CONTAINED ON THE BACK OF THIS FORM.

INITIALS ☒ I FURTHER ACKNOWLEDGE, UNDERSTAND, APPRECIATE AND AGREE THAT MY PARTICIPATION MAY RESULT IN POSSIBLE EXPOSURE TO AN ILLNESS FROM INFECTIOUS DISEASES, INCLUDING VIRUSES. WHILE PARTICULAR RULES AND PERSONAL DISCIPLINE MAY REDUCE THIS RISK, THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION AND EXPOSURE.

INITIALS ☒ _____ I AGREE TO GIVE SHENANDOAH TUMBLERS, INC. A **TWO-WEEK WRITTEN NOTICE** SHOULD I DECIDE TO WITHDRAWAL FROM THE PROGRAM. I WILL BE RESPONSIBLE FOR ANY WEEKLY OR MONTHLY PAYMENTS IF PROPER NOTICE IS NOT GIVEN. I WILL ALSO BE RESPONSIBLE FOR ALL COLLECTION FEES FOR ANY UNPAID BALANCES ON MY ACCOUNT.

GYM POLICIES AND AUTO-PAY DISCLOSURE ON BACK >>>>>>>>>>

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SIGNATURE (PARENT OR LEGAL GUARDIAN)

DATE _____

CHECK # / CREDIT / CASH AMOUNT	
1001	1000.00
1002	2000.00
1003	3000.00
1004	4000.00
1005	5000.00
1006	6000.00
1007	7000.00
1008	8000.00
1009	9000.00
1010	10000.00
1011	11000.00
1012	12000.00
1013	13000.00
1014	14000.00
1015	15000.00
1016	16000.00
1017	17000.00
1018	18000.00
1019	19000.00
1020	20000.00
1021	21000.00
1022	22000.00
1023	23000.00
1024	24000.00
1025	25000.00
1026	26000.00
1027	27000.00
1028	28000.00
1029	29000.00
1030	30000.00
1031	31000.00
1032	32000.00
1033	33000.00
1034	34000.00
1035	35000.00
1036	36000.00
1037	37000.00
1038	38000.00
1039	39000.00
1040	40000.00
1041	41000.00
1042	42000.00
1043	43000.00
1044	44000.00
1045	45000.00
1046	46000.00
1047	47000.00
1048	48000.00
1049	49000.00
1050	50000.00
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1067	67000.00
1068	68000.00
1069	69000.00
1070	70000.00
1071	71000.00
1072	72000.00
1073	73000.00
1074	74000.00
1075	75000.00
1076	76000.00
1077	77000.00
1078	78000.00
1079	79000.00
1080	80000.00
1081	81000.00
1082	82000.00
1083	83000.00
1084	84000.00
1085	85000.00
1086	86000.00
1087	87000.00
1088	88000.00
1089	89000.00
1090	90000.00
1091	91000.00
1092	92000.00
1093	93000.00
1094	94000.00
1095	95000.00
1096	96000.00
1097	97000.00
1098	98000.00
1099	99000.00
1100	100000.00

DESCRIPTION



221 COMMONWEALTH COURT
WINCHESTER, VA 22602

540.869.3207



WWW.STGYMNASTICS.COM
INFO@STGYMNASTICS.COM

MEMBERSHIP REGISTRATION



GYM POLICIES

CALENDAR OF EVENTS

HOME COMPETITION	MARCH 21 – 22, 2020
HOME COMPETITION	APRIL 18 – 19, 2020
SPRING BREAK (CLOSED)	APRIL 10 – 13, 2020
APPLE BLOSSOM FESTIVAL (CLOSED)	MAY 1 – 2, 2020
MEMORIAL DAY HOLIDAY (CLOSED)	MAY 25, 2020
ANNUAL MEMBERSHIP FEE DUE	JUNE 1, 2020
INDEPENDENCE DAY (CLOSED)	JULY 4, 2020
LABOR DAY HOLIDAY (CLOSED)	SEPTEMBER 7, 2020
HALLOWEEN (CLOSED)	OCTOBER 31, 2020
FALL BREAK (CLOSED)	NOVEMBER 26 – 28, 2020
WINTER BREAK (CLOSED)	DECEMBER 24, 2020 – JANUARY 1, 2021

CONTACT INFORMATION

PHONE: (540) 869-3207
E-MAIL: INFO@STGYMNASTICS.COM
WEBSITE: WWW.STGYMNASTICS.COM
ADDRESS: 221 COMMONWEALTH COURT, WINCHESTER, VA 22602

SOCIAL MEDIA

FACEBOOK: SHENANDOAH TUMBLERS GYMNASTICS CLUB
INSTAGRAM: @SHENANDOAH TUMBLERS

ANNUAL MEMBERSHIP FEE

ALL STUDENTS ARE REQUIRED TO PAY AN ANNUAL MEMBERSHIP FEE. THIS FEE COVERS INSURANCE FOR EACH STUDENT AND IS VALID FROM JUNE 1ST TO MAY 31ST OF THE FOLLOWING YEAR OR FROM TIME OF REGISTRATION TO MAY 31ST. THE FEE IS **\$30.00** PER STUDENT AND IS ASSESSED **JUNE 1ST** OF EVERY YEAR. IF A STUDENT REGISTERS MID-YEAR, THE REGISTRATION FEE WILL BE PRORATED (SEE BELOW).

JUNE – SEPTEMBER	\$30.00
OCTOBER – JANUARY	\$20.00
FEBRUARY – MAY	\$10.00

TUITION/RETURN PAYMENTS

TUITION IS DUE ON THE 1ST OF EACH MONTH. STUDENTS WHO ARE REGISTERED AND ENROLLED ARE AUTOMATICALLY TRANSFERRED TO THE NEXT MONTH'S CLASS ROSTER (PLEASE SEE "DROPPING FROM THE PROGRAM" FOR DETAILS REGARDING UN-ENROLLING). IF TUITION IS NOT RECEIVED BY THE 7TH OF THE MONTH, A \$10.00 LATE FEE IS INCURRED. IF TUITION IS STILL NOT RECEIVED BY THE 14TH OF THE MONTH, AN ADDITIONAL \$10.00 LATE FEE WILL BE APPLIED TO YOUR ACCOUNT. ANY ACCOUNTS THAT REMAIN DELINQUENT GOING INTO THE NEXT MONTH WILL RESULT IN AUTOMATIC REMOVAL FROM THE PROGRAM. SHENANDOAH TUMBLERS, INC. CANNOT BE RESPONSIBLE FOR TUITION PAYMENTS THAT ARE LATE DUE TO THE US POSTAL SYSTEM OR ANY OTHER SERVICE. ALL ACCOUNTS THAT EXCEED 30 DAYS DELINQUENT, WILL BE BILLED AN ADDITIONAL 5% OF THE TOTAL BALANCE EACH MONTH UNTIL THE ACCOUNT IS PAID IN FULL. PAYMENTS NEED TO BE MADE IN A TIMELY MANNER, NO EXCEPTIONS. ONCE YOUR ACCOUNT IS PAID IN FULL, PENDING AVAILABILITY, YOU ARE WELCOME TO RETURN TO YOUR CURRENT CLASS. **A \$25.00 SERVICE CHARGE WILL BE IMPOSED ON ALL PAYMENTS THAT ARE RETURNED FROM OUR BANK FOR NON-PAYMENT.**

FORCED CLOSURE TUITION

1. NO REFUNDS OR CREDITS ON TUITION WILL BE PROVIDED FOR THE REMAINDER OF ANY MONTH DURING WHICH SHENANDOAH TUMBLERS, INC. IS FORCED TO CLOSE.
2. SHOULD A CONTINUOUS SHUTDOWN EXTEND INTO ANOTHER MONTH, SHENANDOAH TUMBLERS, INC. WILL PROCESS TUITION WITH A **50% REDUCTION**. SHOULD THE SHUTDOWN END DURING THAT SECOND MONTH, PRACTICE WILL COMMENCE WITH **NO** ADDITIONAL TUITION COLLECTED.
3. SHOULD THE SHUTDOWN EXTEND INTO ADDITIONAL MONTHS, **NO** TUITION WILL BE COLLECTED UNTIL WE ARE ABLE TO REOPEN, AT WHICH TIME YOUR TUITION AMOUNT WILL BE PRORATED. **THERE ARE NO MAKE-UP CLASSES OR CREDIT OFFERED FOR MISSED OR CANCELLED PRACTICES.**

DISCOUNTS

IF YOU HAVE MORE THAN ONE CHILD ENROLLED, EACH ADDITIONAL CHILD WILL RECEIVE A 10% DISCOUNT OFF OF THEIR MONTHLY TUITION. THIS DISCOUNT IS APPLIED TO THE LESSER AMOUNT.

MAKE-UP CLASSES

NO CREDITS OR REFUNDS ARE GIVEN FOR CLASSES NOT ATTENDED. MAKE-UP CLASSES WILL BE GIVEN FOR ILLNESS OR EMERGENCIES ONLY OR FOR OTHER GYM CANCELLATIONS. MAKE-UP CLASSES MUST BE SCHEDULED WITHIN TWO WEEKS FROM THE MISSED CLASS. IF YOU MISS YOUR SCHEDULED MAKE-UP CLASS, NO OTHER MAKE-UPS WILL BE PERMITTED. **TEAM PROGRAMS: MAKE-UP CLASSES ARE ON A CASE BY CASE BASIS.**

SWITCHING CLASSES

SHOULD YOU FIND YOUR SCHEDULE HAS CHANGED AND YOU NEED TO SWITCH DAYS/TIMES FOR YOUR CHILD(REN), PLEASE CONTACT US VIA E-MAIL (INFO@STGYMNASTICS.COM), FACEBOOK MESSENGER OR VISIT US IN THE OFFICE. AS LONG AS THERE IS A SPOT(S) AVAILABLE, WE ARE HAPPY TO ACCOMMODATE YOUR REQUESTED CHANGE.

DROPPING FROM THE PROGRAM

SHENANDOAH TUMBLERS, INC. REQUIRES A MINIMUM OF TWO WEEKS NOTICE TO DROP FROM THE PROGRAM. IF A MINIMUM OF TWO WEEKS NOTICE IS NOT PROVIDED, YOU WILL BE RESPONSIBLE FOR THE FOLLOWING MONTHS TUITION AS THIS SPOT IS BEING HELD FOR YOUR CHILD(REN). SHOULD YOU NEED TO DROP YOUR CHILD(REN) FROM THE PROGRAM, PLEASE CONTACT US VIA E-MAIL (INFO@STGYMNASTICS.COM), FACEBOOK MESSENGER OR VISIT US IN THE OFFICE. **INJURIES AND ILLNESS ARE SUBJECT TO EXCLUSION FROM THIS POLICY.**

ADVANCEMENT

ADVANCEMENTS ARE BASED ON SKILL PROFICIENCY AND EXPECTATIONS OF THE COACHING STAFF. OUR IN-HOUSE SKILL EVALUATORS WILL DETERMINE THE READINESS OF EACH GYMNAST ON AN INDIVIDUAL BASIS. ADVANCEMENTS ARE DETERMINED BY MANY FACTORS INCLUDING: CONSISTENCY, SKILLS, ATTENDANCE, MATURITY AND READINESS. PLACEMENTS WILL ALWAYS BE IN THE BEST INTEREST OF THE GYMNAST.

WEATHER POLICY

SHENANDOAH TUMBLERS, INC. DOES NOT FOLLOW FREDERICK COUNTY PUBLIC SCHOOLS FOR INCLEMENT WEATHER. IN THE EVENT OF WINTER WEATHER, PLEASE CHECK OUR WEBSITE (WWW.STGYMNASTICS.COM), OUR FACEBOOK PAGE "SHENANDOAH TUMBLERS GYMNASTICS CLUB" OR YOUR E-MAIL FOR GYM CLOSINGS. INCLEMENT WEATHER CAN BE VERY UNPREDICTABLE; THEREFORE, EVERY EFFORT WILL BE MADE TO HAVE THE MOST UP TO DATE MESSAGE POSTED AT ALL TIMES. MAKE-UP CLASSES WILL BE SCHEDULED FOR ALL DAYS MISSED DUE TO INCLEMENT WEATHER.

GYM ATTIRE POLICY

GIRLS: LEOTARDS, FOOTLESS TIGHTS, SHORTS AND T-SHIRTS • **NO** SNAPS OR ZIPPERS • **NO** OVER-SIZED CLOTHING ALL LONG HAIR MUST BE SECURED BACK • **NO** JEWELRY • BARE FEET
BOYS: GYM SHORTS AND T-SHIRTS, WARM-UPS • **NO** JEANS • **NO** SNAPS OR ZIPPERS • **NO** OVER-SIZED CLOTHING • BARE FEET

PICK-UP/DROP-OFF

IT IS IMPORTANT FOR EACH GYMNAST TO BE PICKED UP AND DROPPED OFF FOR PRACTICE IN A TIMELY MANNER. GYMNASTS SHOULD BE DROPPED OFF NO MORE THAN 15 MINUTES PRIOR TO THEIR WORKOUT AND MUST REMAIN IN THE WAITING AREA UNTIL PRACTICE BEGINS. AT THE CONCLUSION OF PRACTICE, PICK-UP NEEDS TO BE ON TIME. OUR STAFF HAVE FAMILIES AND OTHER OBLIGATIONS AS WELL, PLEASE RESPECT THEIR TIME.

WAITING AREA

SPECTATORS MUST REMAIN IN THE OBSERVATION AREA QUIETLY AT ALL TIMES. CHILDREN ARE NOT PERMITTED TO PLAY ON OR AROUND THIS AREA AT ANY TIME. AT NO TIME ARE NON-PARTICIPANTS PERMITTED TO ENTER THE GYM WITHOUT PERMISSION. DUE TO THE NATURE OF THE OUTSIDE VEHICLE TRAFFIC, CHILDREN ARE NOT PERMITTED TO PLAY IN THE PARKING AREA.

AUTO-PAY DISCLOSURE

(BY SIGNING THE FRONT, YOU AGREE TO THE FOLLOWING STATEMENTS BELOW)

- YOU AUTHORIZE SHENANDOAH TUMBLERS, INC. TO USE THE CREDIT CARD INFORMATION ENTERED ON THIS FORM TO OFFSET CHARGES INCURRED BY YOU WHILE ENROLLED IN THE PROGRAM.
- YOU FURTHER AGREE THAT TUITION PAYMENTS WILL BE DEBITED AGAINST THE CREDIT CARD, ON FILE, ON THE 1ST BANKING DAY OF EACH MONTH FOR THE TUITION AMOUNT DESIGNATED BY THE PROGRAM ENROLLED IN AND ANY OTHER CHARGES THAT ARE INCURRED BY YOU DURING THE COURSE OF ENROLLMENT. IF THE 1ST OF THE MONTH FALLS ON A NON-BANKING DAY THEN THE BANKING DAY IMMEDIATELY PRECEDING THE 1ST WILL BE USED FOR DEBITING ACCOUNTS.
- YOU ACKNOWLEDGE THAT IT IS YOUR RESPONSIBILITY TO NOTIFY SHENANDOAH TUMBLERS, INC. OF ANY CHANGES TO YOUR CREDIT CARD ACCOUNT AND WILL BE RESPONSIBLE FOR ALL BANK FEES THAT MAY BE INCURRED IF THE CARD FAILS TO BE ACCEPTED.
- SHENANDOAH TUMBLERS, INC. AGREES TO NOTIFY ME IMMEDIATELY OF ANY DISCREPANCY WITH MY CARD AND WILL WORK TO RESOLVE THE ISSUE PRIOR TO INCURRING ANY LATE FEES AS PER SHENANDOAH TUMBLERS, INC. POLICY.
- SHENANDOAH TUMBLERS, INC. AGREES THAT ALL INFORMATION CONTAINED ON THIS FORM WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL BE USED FOR NO OTHER PURPOSE OTHER THAN STATED ABOVE.
- YOU AGREE THAT NO BILL OR RECEIPT WILL BE SENT UNLESS REQUESTED BY THE PAYEE. YOUR CREDIT CARD STATEMENT WILL SERVE AS YOUR RECEIPT.
- THIS AUTO-PAY AGREEMENT MAY BE WITHDRAWN, BY YOU, AT ANY TIME WITH WRITTEN NOTIFICATION TO SHENANDOAH TUMBLERS, INC.

REVISED: 04/30/2020