

Last Name: _____ **SANTA FE**

SPORTS

2019-2020 Registration Form

Trial Class:

Enrolled Class:

FOR STAFF USE ONLY

Participant Name: _____ (M / F) Age __ DOB: __ / __ / __ mm dd YYYY

Participant Name: _____ (M / F) Age __ DOB: __ / __ / __ mm dd yyyy

Participant Name: _____ (M / F) Age __ DOB: __ / __ / __ mm dd yyyy

ParenUGuardian Name(s): _____

Home Address: _____ Phone Number(s): _____

E-mail address (es): _____ **We primarily communicate by e-mail.**

Emergency Contacts - Who should we call in case of an emergency? (ParenUGuardian listed above will be called first.)

1st Emergency Contact Name: _____ Relationship: _____ Phone Number(s): _____

2nd Emergency Contact Name: _____ Relationship: _____ Phone Number(s): _____

(Optional) Authorized Alternate Pickup - Provide full name of specific people who you authorize to pick up your child(ren) from Santa Fe Sports.

Full Name: _____ Phone# _____ Relationship: _____

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Please advise the above Emergency Contacts & Authorized Alternate Pickups to add our phone number (409)925-4641

Describe any cogpitions relevant to gymnastics program activities and how they are being managed (e.g., asthma, environmental or food allergies, disabilities, previous injuries, ADD, ADHD etc.). All information will be held in confidence with SFS staff, only.

Last Name: _____

Participant Name: _____

Participant Name: _____

Participant Name: _____

Parent/Guardian Name(s): _____

E-Mail: _____

ENROLLMENT POLICIES & PROCEDURES

Please read and acknowledge our policies by initialing in the spaces provided. A copy of your signed form will be provided upon request or our policies are available on our website.

Initial	Class enrollment is month-to-month so your child is automatically enrolled each month until you provide written notice of withdrawal. Class withdrawal notice must be provided in writing 30-days prior to dropping class. Last month tuition is not prorated. You may withdrawal at the front desk or send an e-mail to santafesports@yahoo.com
Initial	Payments. Auto draft payments are processed on the 1 st of each month. Tuition is due on the 1 st of each month. If an account is not on auto pay, a \$15 late fee will be assessed for tuition paid after the 10 th of each month. There is a \$5 discount if tuition is paid on or before the 1 st . If tuition is 30 days or more delinquent, student may be dropped from the class.
Initial	Returned checks will be assessed a fee of \$25. Once two checks have been returned, we can longer accept checks as a form of payment.
Initial	Make-up classes are allowed up to 2 per month. Make-ups must be scheduled through the front desk. No refunds for missed classes. Tuition is due regardless of attendance.
Initial	I acknowledge that I have received the Santa Fe Sports Policies and Procedures regarding tuition due date, auto pay, withdrawal notice, absences, make-up classes, gym rules, and dress code.

CREDIT/DEBIT CARD FOR AUTO PAY

Card# _____ C W: ____ Exp Date: _____ Billing Zip: _____

Cardholder Name: _____ Signature: _____ Date: _____

RECORD OF PAYMENTS

Date	Fee Type	Amount
	Annual Registration Fee	
		\$40