



2017-2018 POWER TEAM GYM/
PRE TEAM GYMNASTICS TEAM

Athlete's First Name: Last Name:
Date of Birth: Age on December 1st, 2017: Athlete Cell:

Deposit #1: Deposit # 1 Due at first practice. \$50 Discount if paid by May 15th, 2017 for new members. If you have Leotard, Jacket, Bag, and shirt in good condition, Deposit is \$65.

Team Deposit #2 Pre-Team Deposit #2
Deposit # 2 Due August 15th, 2017 \$265 \$265

Team Deposit #3: Pre-Team Deposit #3
Deposit # 3 Due October 15th, 2017 \$265 \$75

Team Deposit #4: Pre-Team Deposit #4
Deposit # 4 Due January 15th, 2018 \$265 No Deposit due

Tuition: Monthly practice fees for twice weekly practice
\$145 per month June through June. \$200 total Discount for payment in full by June 1st, 2017. Discount does not apply to Pre Team

I, Parent/legal guardian of, do hereby give Gym Trix Inc, authorization to use my credit/debit card for all monthly payments (tuition, deposits, and other fees)

Please initial:

1.) GymTrix Team Gym will receive their monthly invoices via email at the end of the month for the next month. Read over your statement and notify the office prior to the 20th of each month if there is a discrepancy in your monthly bill.

2.) I acknowledge that the fees mentioned above will be deducted on the 25th of each month for the upcoming month. I acknowledge that if the 25th falls on a Friday, weekend or a holiday, that my card will be charged on the Thursday prior.

3.) I understand that if my child decides to quit the GymTrix Team Gym program (for any reason other than family relocation or sports injury with a valid physician's certificate) at anytime from the acceptance dates to the end of the competition season (June 30, 2018) a \$150 cancellation fee will be deducted from this card given to Gym Trix Inc.

4.) I understand that a late fee of \$15 will be applied on the 1st for fees not paid for that month's tuition.

5.) I understand that there are no refunds. No exceptions.

Auto Pay information Visa Mastercard Discover Amex (circle one)

Card Number Exp. MM/YY

Cardholder name: CVC:(3 or 4 digit)

Billing Address to card: Zip:

- Merchandise(i.e. uniform, clothing etc) will NOT be distributed if ANY GymTrix balance is past due.
I, (parent, guardian) understand the GymTrix contract and agree to be solely responsible for the above financial commitment.

Card Holder's Signature: Date:

Deposits include: Competition Leotard, Practice leotard, Team Jacket, Team Shirt, Team Bag, All competition and Special event fees.

Deposits do not include: USAG Member Fee(as this can change year to year. Apx \$20-\$55), banquet (apx \$20 per person) and Nationals as we don't know if we will qualify or not.

GymTrix Team Gymnastics Medical/Liability Release Form

Event Name/Date(s): 2017 - 2018 Season (June 2017-June 2018)

Athlete's Full Name: _____

Address: _____

City/State/Zip _____ Home Phone _____

Birth Date: _____ Sex: M F Athlete e-mail _____

Age by December 1st, 2017 _____ Current School: _____

Parent(s)/Guardian Living with Gymnast: _____

Parent Daytime Phone _____ Mom's Cell _____ Dad's Cell _____

Parent E-Mail _____ (most announcements are sent via email)

GymTrix attempt to keep our businesses "in the family" when possible. Is your family involved in a business that could do business with GymTrix? (ex. Gymnastics supplies, athletic wear, office supplies, printing, catering, advertising)

Referred by: _____ (Please only list one.)

Authorization and Release

I authorize GymTrix Inc and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give GymTrix Inc. permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to GymTrix instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury, and I further agree to hold GymTrix and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against GymTrix, Inc. GymTrix strives to provide the maximum in safety procedures and guidelines, and therefore assume no responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature _____ Date _____

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete:

Any medicines athlete is allergic to:----- _____

Doctor: _____ Phone _____

Medical Insurance Co./Policy # _____

Emergency Contact: _____ Phone _____