

Morgan's Gymnastics Academy, Inc.
Enrollment Contract

Student's Name: _____ Age: _____ D.O.B. _____

Sibling #1: _____ Age: _____ D.O.B. _____

Sibling #2: _____ Age: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Home Phone: _____

Business Phone (Father): _____ Business Phone (Mother): _____

e-mail addresses: _____

Emergency # (other than parent): _____ Name & Relation: _____

Previous Gymnastics Training: _____

Has student ever been seriously injured? YES / NO If yes, explain: _____

Physical or mental disabilities: _____

Allergies or other health concerns: _____

Sibling #1: _____

Sibling #2: _____

Last physical exam (year): _____ Results: _____

How did you hear about us?: _____

School Attending: _____ Grade: _____

Reason for enrollment: _____ Fun _____ Physical Fitness _____ Competition _____ Other, Explain: _____

PAYMENT POLICIES

In accordance with the schedule of Morgan's Gymnastics Academy, Inc. the tuition for _____ hour(s) per week is \$ _____ per four week period. The tuition payment is due on the 1st of each calendar month. After the 5th, a \$10.00 late fee must accompany the tuition. All checks returned to Morgan's Gymnastics Academy, Inc. must be settled with Debt Check Recovery Systems and will be charged a \$25.00 fee.

If for some reason the monthly tuition is not received by the end of the month, the student will no longer be admitted to their class. To terminate the enrollment contract with Morgan's Gymnastics Academy, Inc. written notification is required thirty (30) days before the first scheduled lesson of the next month. If no notice or payment has been received by the last day of the month, the monthly tuition amount will be automatically debited from your credit card account. This final payment will act as your termination of enrollment.

I have read, understand, and agree to the agreement above regarding payment with Morgan's Gymnastics Academy, Inc.

Credit Card Type: _____ Account Number: _____ Expiration Date: _____

Name (as it appears on card): _____

Parent/Guardian Signature

Date

| |
|-------------------|
| Class Day & Time: |
|-------------------|

| |
|-------------|
| Class Type: |
|-------------|