

Policies & Payment Election
 Visit us at www.TheGymNewYork.com

1. Select your payment option: 28 weeks _____ 14 Weeks _____ Payment Plan _____
2. Refer to the Tuition Schedule for the amount of tuition for each of the classes chosen and enter them in the chart below. Remember to deduct 10% for 2nd, 3rd, 4th, child.
3. Enter the Annual Membership fee of \$50 per child. This fee covers registration, insurance, and membership.
4. All pages of this form must be signed.
5. Make your check payable to The Gym, Inc. and mail it to P.O, Box 202, Hillburn, NY 10931-0202. Please tear off and keep the schedule for future reference.

The Gym
 143 Route 59
 P.O. Box 202
 Hillburn, NY 10931
 845-369-1345
www.thegymnewyork.com



Welcome to The Gym!
2011-2012 Registration form and information

Class Descriptions

Tumble Buffs (4-5yrs. old, 45 minutes): Through movement exploration, instructor prompts children to perform and solve small to large motor skills. Developing basic gymnastic skills on gymnastic apparatus will improve coordination, muscle endurance, and other fitness qualities.

Mighty Mites (5-6 yrs. old, 60 minutes): Gymnastic progressions using modified gymnastic equipment will teach a young child to complete and manage simple to more complex tasks independently. Base fundamentals with simple combinations will strengthen and increase fitness qualities. This will promote positive and confident behavior.

Beginner / Adv. Beginner (6-11 yrs, 75 minutes): Beginners learn the basic principles in tumbling and balancing, and simple skills and combinations on gymnastic apparatus. The more advanced beginners work through a progressive set of skills leading to more difficult movement on all apparatus.

Intermediate (7-12 yrs, 90 minutes): A well rounded program geared for the highly motivated individual. The United States Gymnastics Federation program will be implemented. This class will prepare an individual for future gymnastics competition and sharpen athletic ability for organized sports. Two day programs are available.

Tuition Schedule

	28 weeks	14 weeks	Payment Plan*
Tumble Buffs	\$420	\$231	\$68/payment
Mighty Mites	\$532	\$294	\$92/payment
Beginner/Adv. Beginner	\$672	\$350	\$108/payment
Intermediate	\$700	\$364	\$112/payment

	28 weeks	14 weeks	Payment Plan	Totals
1 st child				
2 nd child (10%off)				
3 rd child (10%off)				
			Subtotal	
			\$50 per Child annual Membership Fee	
			Total	

Payment Policy.

Fees must be up to date prior to the beginning of each new session. Any late payments will be subject to 10% late fee. All fees are non-refundable, however they can be credited to another family member during the same session. It is the responsibility of the client to ensure that all payments are on-time and paid in full.

Under no circumstances will missed classes be credited to a new session. A \$30 Charge will be applied to all returned checks.

Make-up Policy

Students may make up a missed class by attending any regular scheduled class of the same level. Please call if you intend to make-up a class. Missed classes may not be credited to succeeding sessions and no monetary reimbursements are applicable for classes not attended or mad- up. In addition, make-ups should be done in the same session as the absence. Make-ups may not be done in a session for which you are not registered.

Appropriate Attire

Children should dress properly for class. Boys should wear shorts or gym pants and a t-shirt. Girls should wear leotards. Bicycle shorts permitted. Gymnastics slippers are optional for all students.

Signature _____ Date _____

For Office use only	Session I	Session II	Session III	Signature IV

*Payment Plans are paid 7 times over the course of the year, approximately every four weeks. The chart below details when your payment is due based on the day your child takes class.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Payment 1	10/30/2011	11/7/2011	11/1/2011	11/2/2011	11/3/2011	11/4/2011	11/5/2011
Payment 2	12/4/2011	12/5/2011	11/29/2011	11/30/2011	12/8/2011	12/9/2011	12/10/2011
Payment 3	1/15/2012	1/16/2012	1/3/2012	1/4/2012	1/12/2012	1/13/2012	1/14/2012
Payment 4	2/12/2012	2/13/2012	1/31/2012	2/1/2012	2/9/2012	2/10/2012	2/11/2012
Payment 5	3/18/2012	3/19/2012	3/6/2012	3/7/2012	3/8/2012	3/9/2012	3/17/2012
Payment 6	4/22/2012	4/23/2012	4/3/2012	4/4/2012	4/19/2012	4/20/2012	4/21/2012
Payment 7	5/20/2012	5/21/2012	5/8/2012	5/9/2012	5/17/2012	5/18/2012	5/19/2012

Class Schedule

Day	Tumble Buffs 4-5 Years	Mighty Mites 5-6 Years	Beginner/ Adv.Beg. 6-8 Years	Beginner/ Adv.Beg 9-11 Years	Intermediate 7-8 Years	Intermediate 9-12 Years
Monday	4:15-5:00 pm 5:45-6:30 pm	9:30-10:30 am 4:30-5:30 pm 5:45-6:45 pm	4:15-5:30 pm	5:30-6:45 pm	4:15-5:45 pm	5:30-7:00 pm
Tuesday	4:15-5:00 pm	9:30-10:30 am 1:00-2:00 pm 4:30-5:30pm	4:15-5:30 pm	5:30-6:45 pm	4:15-5:45 pm	5:30-7:00 pm
Wednesday	11:15-12:00 pm 4:15-5:00 pm	9:30-10:30 am 1:00-2:00 pm 4:30-5:30 pm	4:15-5:30 pm	5:30-6:45 pm	4:15-5:45 pm	5:30-7:00 pm
Thursday	11:15-12:00 pm 5:45-6:30 pm	9:30-10:30 am 1:00-2:00 pm 4:30-5:30 pm 5:45-6:45 pm	4:15-5:30 pm	5:30-6:45 pm	4:15-5:45 pm	5:30-7:00 pm
Friday			4:30-5:45 pm	4:30-5:45 pm	4:15-5:45 pm	4:15-5:45pm
Saturday	9:30-10:15 am	9:30-10:30 am	9:30-10:45 am	9:00-10:15 am	9:30-11:00 am	9:00-10:30 am
Sunday	10:30-11:30 am	9:30-10:30 am	9:30-10:45 am	9:00-10:15 am	9:30-11:00 am	9:30-11:00 am

Registration Form

Child 1

Last Name _____ First Name _____

Male/Female Age: _____ Date of Birth: _____ Grade: _____ Years of Gymnastics: _____

Parents/Legal Guardian Names: _____ Shoe Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email address: _____

Emergency Contact: _____

Physician: _____ (name, relationship, phone)
Phone: _____

_____ (name, address)

Child 2

Last Name _____ First Name _____

Male/Female Age: _____ Date of Birth: _____ Grade: _____ Years of Gymnastics: _____

Shoe Size: _____

Please enroll my child for:

Child 1 – Class Title: _____ Day: _____ Time: _____

Child 2 – Class Title: _____ Day: _____ Time: _____

Remarks (any additional information you feel we should know about your child):

Parent Authorization: I hereby certify that my child/children is/are in good health, has/have received all standard immunizations, is/are physically capable of participating and have my permission to engage in all prescribed gymnastics activities except as noted in the "Remarks" section above. I assume all ordinary risks when the facilities are used and agree not to hold The Gym, Inc. or any of its instructors or employees liable for injury or damage which may occur to me or my child/children as a result of my/our participation in classes or related activities. I hereby release The Gym, Inc., its affiliates, agents, and employees for liability due to the accidents while participating in activities at The Gym, Inc.

Signature: _____

Date: _____