



2015-16 Registration Form: Return by mail, email igm@imgymnastics.com, or deliver to IGM Gymnastics

For Office Use Only: CC _____ SD _____ DM _____ START DATE: _____

Gymnastics IGM Gymnastics · 14305 Southcross Drive W. Suite 120 · Burnsville, MN 55306 · (952) 898-3889

Family Information:

Parent/Guardian First Name: _____ Last Name: _____
 Parent/Guardian First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Other Phone: _____
 Email (required) _____ (This will be your online registration login. Plus you will receive: Announcements, closings, & special offers.)
 How did you originally hear about us? Drive by Internet _____ Flyer Friend _____ Facebook
 IGM Birthday Party E-Newsletter Moved from another gym IGM Event _____ Other _____
 Emergency Contact Name: _____ Phone Number: _____ Relationship to child: _____

Participation Information:

1st Child Name: _____ Birthdate: ___/___/___ Age: _____ M F Class: _____
 2nd Child Name: _____ Birthdate: ___/___/___ Age: _____ M F Class: _____
 3rd Child Name: _____ Birthdate: ___/___/___ Age: _____ M F Class: _____
 4th Child Name: _____ Birthdate: ___/___/___ Age: _____ M F Class: _____
 List all physical disabilities and allergies for each child: _____

FEES: A non-refundable \$35/child or \$50/family Annual Registration Fee renews every September. \$35 Insufficient Funds Returned Check Fee.
ASSUMPTION OF RISK: In consideration of International Gymnastics of Minnesota (IGM Gymnastics) accepting my child into participation and training in gymnastics and/or other events/activities hosted by IGM Gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons or meets. I give permission to IGM Gymnastics and / or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of IGM Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported and treated at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. Further, I hereby release and agree to hold harmless and to indemnify the IGM Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Media Consent/Release: I hereby consent and authorize IGM Gymnastics to use photographs, and/or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding IGM Gymnastics programs, camps, events, birthday parties, facilities or services including but not limited to website, flyers, and social media.

TUITION PAYMENT, ENROLLMENT AND INSTALLMENT BILLING INFORMATION: I understand if the above named person is enrolled in a program that has a monthly tuition where I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit the IGM Gymnastics class drop request. This document may be obtained from the IGM Gymnastics Office or downloaded from our website www.igmgyrnastics.com. If I am dropping a class (with monthly tuition) it must be done on or before the last day of the month. **If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month.** I understand that IGM Gymnastics does not give refunds for any promotional offers. I understand that IGM Gymnastics does not give make-up classes, credit and/or refunds for class(es), clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, field trips, Mini-lympics, competitions, or parents night out that are missed and/or cancelled due to a holiday or inclement weather. I understand that IGM Gymnastics programs are based on a 4 week month/48 week year. Some months may be five and others three weeks. (Thanksgiving, Winter Break, etc). If I should receive five classes during the month instead of four there will be no extra charge by IGM Gymnastics although it can be considered a makeup for classes missed while we are closed for holidays. This will even out through the course of a year. I am responsible to make timely payments of my balances due on my IGM Gymnastics account. From the date of registration forward my entire account balance shall be due the 1st of each month. I understand this only applies to programs that have monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, IGM Gymnastics will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00 on the 5th of each month. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with IGM Gymnastics. If provided, an e-mail notification will be sent any time a payment is processed. **I acknowledge that this authorization will remain in effect until I notify the IGM Gymnastics Office in writing that the authorization should be terminated.** If for whatever reason, payments cannot be processed and my account balance remains overdue, I understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. I understand that monthly payment amounts may vary as classes are added or dropped and as other charges/payments are applied to my account. All un-paid accounts will be charged a \$10.00 late fee on the 5th of the month; if no payment is received by the 10th your child will be dropped from his/her class and you will receive a \$25 administration fee. New and updated billing address and telephone information is the responsibility of the member, and not the responsibility of IGM Gymnastics to notify the member of expired/declined credit cards and EFT returns. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1st of September, annually. IGM Gymnastics reserves the right to modify the terms of this agreement with written notice.

WARNING!! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THIS ACTIVITY.

Payment and Installment Billing Information (This is a binding agreement. Please make your selection below.)

_____ **I would like AUTOMATIC installment billing.** Please charge my credit card the 1st of each month for my balance due and e-mail me my receipt. Auto billing only applies to programs that have monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and /or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit an IGM Gymnastics class drop request.

_____ **I will pay my account balance on or before the 1st of each month at the IGM Gymnastics Office.** If my payment is not received before the 5th of the month IGM Gymnastics will charge the card on file for any balances due on my account PLUS an administrative late fee of up to \$25.00. I understand that IGM Gymnastics does not send a monthly bill and it is my responsibility to pay my account balance at the IGM Gymnastics Office. I understand this only applies to programs that have installment monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and /or registration. I understand if the above named persons and/or participants are in a program that has installment monthly tuition I am continuously enrolled in the program and I will incur installment monthly tuition charges on my account until I submit an IGM Gymnastics class drop request.

Signature: I have read and completely understand all terms and conditions of this agreement. **Date:** _____

****All families MUST have a credit card on file to be enrolled. Programs that do not have tuition are EXEMPT from supplying credit information until such time you register for a program that has tuition****

Name on Card _____ Credit Card Number _____ Expires ___/___/___ CVV CODE: _____

IGM accepts the following credit cards: VISA, MasterCard, & Discover. We do not accept American Express.

This portion of the form will be destroyed after the information is put into our system. Our servers are maintained using the following security measures: IGM alarm system verifies identity for authorized access into the facility. No open cabinets. Video surveillance cameras are hidden throughout the facility, tracks and records access throughout the facility. Strategically placed motion/vibration detection devices alert personnel of any forced entry. Regular testing and maintenance of back-up systems and procedures are performed.