
(CHILD'S NAME - LAST, FIRST)

CLASS LEVEL, DAY AND TIME _____

Sandhills Academy of Gymnastics Inc. Athlete Membership Agreement

P O Box 3789
Pinehurst, NC 28374
(910) 295-0724

Parent/Guardian Name _____ Address _____ City _____
State _____ Zip _____ Home Phone _____ Mom's Work # _____ Dad's Work # _____
Emergency # _____ Cell # _____ E-mail Address _____
Child's Name _____ Date of Birth ____/____/____
Previous gymnastics training: _____ Physical or mental disabilities: _____

Agreement:

In consideration for my or my child's membership in Sandhills Academy of Gymnastics Inc. and participation in Sandhills Academy of Gymnastics classes, camps, events, competitions, rock climbing and activities, I agree to be bound by each of the following **(please initial each block as acknowledgement that you understand each policy):**

1. Eligibility: I agree to comply with the rules of Sandhills Academy of Gymnastics Inc.
Readiness to Participate: I will only participate in those Sandhills Academy of Gymnastics Inc. classes, events, competition, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

2. FINANCIAL OBLIGATIONS: I agree to pay all fees and charges. I understand that once I enroll, I am financially responsible for the entire semester. I understand tuition is payable in two installments. The first half is due at enrollment and no later than the first class of the semester. The second half is due approximately 6 weeks later. I will be given a specific due date for the payment at the time of enrollment. Any late payment is subject to a \$50.00 late fee. Students coming into the program later in the semester may be required to pay the entire pro-rated fee at enrollment. Monthly payments can be arranged for by automatic debit on my credit or debit card. This is the only way monthly payments can be made. A fee of \$25.00 will be charged for any returned checks. Tuition can be paid in the office with cash, check, credit or debit cards, auto-pay, or over the phone with a credit or debit card.

3. Medical Attention: I hereby give my consent to Sandhills Academy of Gymnastics Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

4. Attendance and Makeup Policies: I understand that there are no refunds or credit given for missed classes. Missed classes can be made up by arranging at the front desk to attend another class at the student's same level, providing there is room in the class. I may choose instead to have a pass for one hour of Fun Gym to use as a make-up for the missed class. Full tuition is due for the semester whether or not the student attends classes.

5. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that Sandhills Academy of Gymnastics Inc. along with the employees, agents, officers, and directors of SAG Inc. shall not be liable for any losses or damages occurring as a result of my participation in classes, camps, events, competitions, or rock climbing.

I hereby give my permission for my child's image to be used in our brochures or other advertising. YES NO

Signature of Athlete (if over the age of 18 yrs.): _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, rock climbing and activities conducted by Sandhills Academy of Gymnastics, Inc.

Signature of Parent/Guardian: _____ **Date:** _____

Registration Fee of \$ _____ effective until _____,
Make checks payable to SAG CASH, CHECK, MASTERCARD, VISA OR DISCOVER Accepted

