



2019-2020 Registration Form: Return by mail, email igm@igmgymnastics.com, or deliver to IGM Gymnastics

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

Gymnastics

IGM Gymnastics · 12117 Riverwood Drive · Burnsville, MN 55337 · (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 hear about us? Drive by Google Flyer Friend _____ Facebook IGM Birthday Party E-Newsletter
 Parade/Business Expo _____ 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: _____

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

_____ **I would like AUTOMATIC installment billing.** Please charge my credit/debit card the 25th 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 by the end of day on the 6th of the month IGM Gymnastics will charge the card on file for any balances due on my account PLUS an administrative late fee of \$35.00. 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.

Please initial the agreements below:

_____ I understand that if I am dropping a class (with monthly tuition) it must be done on or **before the last day of the month** or if I am enrolled in **auto pay, it must be done before the 25th 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 acknowledge that this authorization will remain in effect until I notify the IGM Gymnastics Office **in writing** that the authorization should be terminated and I am responsible to provide updated card information when card on file is no longer valid.

_____ I understand that if I do not pay my tuition in full by the end of day on the 6th of the month, I will be charged the tuition plus an administration fee of \$35 on the 7th of the month. **This fee is non-refundable.** If my credit card is declined and no payment is received by the 12th my child will be dropped from his/her class.

_____ 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. 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.

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

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/debit cards: VISA. MasterCard. & Discover. We do not accept American Express.