



## ***GYMNASTICS WORLD PRE-TEAM AGREEMENT AND FEE FORMS 2019-2020***

The following rules, policies, fee schedules, and payment procedures are in effect starting **June 1st, 2019 through May 31st, 2020**. Please read and understand all the information contained in this packet.

The packet is organized in the following sections to help guide you through the process:

- Team Agreement Form pg. 1
- Payment Policy pg. 2
- Gymnastics Team Annual Processing Fee pg. 3
- *AutoPay* form for Tuition Payments pg. 4
- Payment Procedures Overview pg.5
- Medical Emergency Form pg. 6

Please read and complete the following information in all the sections. Make a copy for your records or ask us for a copy.

ALL FORMS AND FEES MUST BE RETURNED TO THE OFFICE BY  
May 31<sup>st</sup>, 2019.

GYMNAST'S NAME(s): \_\_\_\_\_

I agree by signing and **returning this form**, that I have carefully read, understand and agree to the contents of this 2019-2020 Gymnastics World Team Agreement and Fee Form Packet.

Parent(s) Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



## Payment Policy

Below is an explanation of our Payment Policies and Procedures.

- On or around the first of the month, Gymnastics World Inc. will run your account for Tuition and/or other fees that may be due.
- If your card is expired or declined, you will receive an email to let you know.
- **You will be given 48 hours to correct the issue by calling us or using your Parent Portal or a \$10.00 late fee will be charged to your account.**
- If by the 10<sup>th</sup> of the month your issue has not been resolved, you will be required to visit the front desk and set up a delinquent account payment plan and an additional \$15.00 will be charged to your account.
- **If your account falls a month behind, you will be notified to not bring your athlete into practice until a delinquent account payment plan has been set up or the balance has been paid in full.**
- All delinquent account payment plans that are not followed will be required to have a meeting with the mangement.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



➤ GYMNASTICS TEAM ANNUAL PROCESSING FEE

As we have done for the past 24 years, an annual fee is charged to all team members. Please understand the following:

- This payment must be paid by May 31<sup>st</sup>, 2019 or a \$30.00 Late Fee will be applied and your athlete will not be able to participate in practice until this fee is paid in full.
- **Please be aware that this fee is 100% non-refundable** as it reflects your commitment to be a part of our team program for the next 12 months commencing June 1, 2019 and ending May 31<sup>st</sup>, 2020.
- This fee covers all required memberships, dues, insurances, etc. for the athletes and a portion of the required coverage's for their coaches. It also covers special related expenses for athletes and staff as well as additional secretarial time and costs.
- Staff hiring, group assignments, practice scheduling, meet schedules etc., are all based on the number of athletes we have in our program, hence the need to require payment by May 31<sup>st</sup>, 2019.

GYMNASTICS TEAM ANNUAL PROCESSING FEES, BY TEAM LEVEL

<u>TEAM LEVEL</u>	<u>WITH ONE FAMILY MEMBER</u>	<u>WITH 2 OR MORE</u>
Pre-Team	\$150.00	\$120.00 per Additional Team Child

**Gymnastics World Inc. will use the credit card you have on file in your tuition account, to pay the Annual Processing Fee when this packet is received. The only exception is if prior arrangements have been made, in writing, with our front desk.**

Please initial that you have read and understood this page: \_\_\_\_\_



**AUTOPAY AUTHORIZATION FORM FOR TUITION**

I hereby authorize Gymnastics World, Inc., dba Gymnastics World of Twinsburg to debit **current credit card or debit card**, that I have on file currently at Gymnastics World Inc., dba Gymnastics World of Twinsburg, the amount due for my athlete(s) team tuition. I understand that this will be debited on or about the **first** of each month, commencing June 1st, 2019 and will continue until we receive written notification to cease this authorization..

*At the end of each month, GW, Inc, dba Gymnastics World of Twinsburg is authorized to debit your credit card the exact amount owed to us for any retail purchases made that month, i.e. tape, pre-wrap, wristbands, etc. ., and any debts related to all tuition based issues. This will include past balances. Although we are not obligated, Gymnastics World Inc., dba Gymnastics World of Twinsburg will communicate the intent to charge any debt above your prescribed tuition fees in excess of \$100.00.*

*I understand that this approval is null and void when and if I notify GWI/GWT, in writing, prior to the 1st of any month, of our intent to withdraw from the team program.*

*The processing of your credit card payments may be a day or so prior to or following the first of the month, depending on holiday closures, etc.*

EMAIL (Required): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ➤ **PAYMENT PROCESS OVERVIEW**

We request all Team Member families use **AutoPay** for tuition. Clients may opt out of **AutoPay for tuition only**, by using alternate means with a slight up charge of \$10.00 per month. Your **Tuition** payment will be drawn on the **1st** of every month thorough Auto-Pay and will continue until you withdrawl from the program.

10% Family Discount 10% Family Discount will be applied to all tuition payments for multiple athletes.

Team is a YEAR ROUND commitment regardless of attendance Tuition is calculated on a yearly basis and then divided by 12 months to arrive at a monthly amount paid on the **first day of each month**. It is important to make this next point clear: team members do not get to move onto and off the team, nor will tuition be prorated because of illness, injury\*, vacations, camps, schedule conflicts, or the like.

\*Injured athletes are expected to continue training. Injuries are a part of gymnastics and athletes can participate in practice to the extent possible. It is usually possible to work around an injury and turn a weakness into strength by increased conditioning, flexibility, or specific skill work. If an injury extends over 2 weeks, please visit our front desk, ask for a medical credit form and return that form to the front desk .At that point, GWI will review your situation and decide on a possible reduction in tuition based on your current tuition.

Tuition is based off of 48wks/year You can **expect** to have a limited number of practices canceled due to holidays, competitions, and rest days after some competitions, inclement weather, etc. This has already been calculated in, as all tuitions are based on 48 weeks of training, meaning there are four weeks you are not paying for, more than enough to make up for any canceled practices.

**GYMNASTICS WORLD'S TEAM MEMBER MEDICAL EMERGENCY  
INFORMATION FORM 2019-2020 (Required to have on file)**

**GYMNAST'S NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**GYMNAST'S  
ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PARENT/GUARDIAN NAME(S):** \_\_\_\_\_

**HOME PHONE :**(\_\_\_\_) \_\_\_\_\_ **CELL #:**( \_\_\_\_ ) \_\_\_\_\_

**Home Address of Parent if different from gymnast's:**

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**FATHER'S PLACE OF EMPLOYMENT:** \_\_\_\_\_

**FATHER'S WORK PHONE NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_

**MOTHER'S PLACE OF EMPLOYMENT:** \_\_\_\_\_

**MOTHER'S WORK PHONE NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

**NAME OF CARRIER:** \_\_\_\_\_

**NAME OF EMPLOYER IF THIS IS A GROUP POLICY:** \_\_\_\_\_

**LIST BY NAME, ALL GROUP AND POLICY NUMBERS SHOWN ON YOUR CARD:**

**FATHER'S**

**MOTHER'S**


**Name on Card:** \_\_\_\_\_ **Name on card:** \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_ **Signature of Card Holder:** \_\_\_\_\_

\_\_\_\_\_

**By signing the above, I/We understand that this information will be included in the event of an emergency, and, I/we cannot be reached, the treating hospital/emergency center will have the necessary insurance information.**

**Relationship to gymnast named on top of form:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_