

Infinite Bounds Gymnastics

Phone: 972-491-1916 Fax: 972-491-7128



Name of Child: _____

Age of Child: _____

Birth Date: _____

Sex: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother: Cell: _____

Father: Cell: _____

Email (Will only be used in confidentiality by Infinite Bounds for information purposes only) _____

Medical Conditions, Handicaps or Allergies: _____

Infinite Bounds has my authorization to charge tuition to the credit or debit card listed below. I have also been notified that tuition will be deducted 3 to 4 working days prior to the first of each month. If any changes, including cancellation of auto-debit, need to be made to my account, I will make it in writing prior to that date of cancellation, along with a 30-day notice. No refunds will be given.

Card #: _____ Exp: _____

Name on card (Please Print): _____

Authorizing Signature: _____

I understand that the credit card authorization is valid until a **written** notification to stop the automatic charge is received in this office. Also, I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances.

Signature of Parent or Guardian: _____

Date: _____

Infinite Bounds Rules & Policies

The annual registration fee is non-refundable. Tuition is based on a yearly scale, but may be paid in monthly payments. Fees are the same each month even though the number of classes held may vary.

Student Withdrawals: You are responsible for payment of monthly tuition until you notify Infinite Bounds **IN WRITING** of your intent to withdraw from any Infinite Bounds program. **We will charge your account until we receive WRITTEN NOTICE that you are dropping.** Your child will be dropped the first day of the month, following a 30 drop policy from the day of notification. The 30 day drop policy will be enforced, unless accompanied by a medical authorization.

Infinite Bounds follows the *Plano ISD* holiday calendar *with some exceptions*. No refunds or make-up classes are given in lieu of classes missed due to holiday closings. Closings will be posted in the monthly newsletter.

Parent's Visitation: Parents are welcome at any time to view their child's class and in May, you can see what your child learned for the school year with a MEDAL presentation.

Occasionally Infinite Bounds may need to use a substitute teacher for a class. All substitutes meet Infinite Bounds' requirements.

Personal Property: Infinite Bounds is not responsible for lost, stolen, or damaged articles of clothing, jewelry, or other personal property.

Office Use Only - Class Placement

Class(es): Day/Time/Class (W 3:45 TB) Tuition:

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

Sibling Discount (if applicable): _____ \$ _____

Total Monthly Tuition: _____ \$ _____

Registration Fee: \$40.00

Amount Paid: _____ F.O.P. _____

A \$10.00 late fee will be assessed if your authorized payment is declined or cancelled after the 5th day of the month. Monthly statements are not provided.

Registered by: _____ Date Registered: _____ Start Date: _____ [] R [] Q [] C