



# 2017-2018 INSPIRED MOVEMENT REGISTRATION PACKET



## **AUTOMATIC MONTHLY ENROLLMENT AND PAYMENT PROGRAM**

All of our classes will run on a monthly session schedule for the new 2017-18 season beginning with Session #1 on September 5<sup>th</sup>, 2017. Families who enroll in classes will be required to keep a credit or debit card on file and will be enrolled in an automatic credit card payment program. All active students will be automatically enrolled from one session to the next and the card on file will be automatically charged the account balance which will include tuition as well as any miscellaneous charges left on one's account. The payment dates are listed below for the entire 2017-18 season and typically occur one week prior to each new session, with the exception of the first session of the season. We cannot accept enrollments without a card on file.

Two weeks prior to the new session, all members will be re-enrolled in their current class and receive a statement reminding them of the upcoming payment date. Any class schedule changes that need to be made can be done at this time. If you know that you will not be returning for the next session, inform the front desk in writing one week prior to the payment date of the next session. If written notice is not received before the scheduled automatic payment date, tuition will not be refunded.

## **NEW ANNIVERSARY FEE**

### **NEW FOR THE 2017-2018 SEASON.**

ALL FAMILIES WILL NOW BE ON A PERPETUAL ANNIVERSARY FEE SCHEDULE. THE ANNUAL REGISTRATION FEE WILL NOW BE BILLED TO EACH FAMILY EVERY 12 MONTHS ON THE ANNIVERSARY OF INITIAL SIGNUP. IF YOU ENROLL YOUR CHILD NOW AND YOUR LAST REGISTRATION FEE WAS WITHIN THE SEASON, YOUR FAMILIES' REGISTRATION FEE WILL BE BILLED DURING THAT ANNIVERSARY MONTH (EXACTLY 12 MONTHS) ALONG WITH THAT CURRENT MONTH'S TUITION. REGISTRATION FEES ARE PAID ONCE PER YEAR, PER FAMILY. FAMILIES ARE COMPRISED OF IMMEDIATE FAMILY MEMBERS ONLY – SIBLINGS WITH THE SAME PARENTS RESPONSIBLE FOR BILLING.

## **Gymnastics Performance Uniforms**

All new gymnastics students enrolling in our 2017-18 season must order a new 2017-18 performance leotard or t-shirt at the time of registration. We are keeping the current navy blue uniforms from this past season. All students will be required to wear a performance uniform for both our winter and spring performance shows. These uniforms can be worn during weekly classes; however they are required to be worn for the bi-annual shows, as well as star skills weeks held throughout the year. **(Winter Show Week: 12/18 – 12/23/17, Spring Show Week: 6/12 – 6/18)** \*Star skills weeks & dress rehearsals: Dates TBA

**\*\*FAMILIES CURRENTLY ENROLLED IN OUR 2016-17 SEASON AUTOPAY OR MONTHLY AUTOMATIC PAYMENTS WILL NOT BE AUTOMATICALLY SIGNED UP FOR CLASSES OR AUTOMATIC PAYMENTS IN THE NEW 2017-18 SEASON. NEW PAPERWORK MUST BE COMPLETED FOR EACH CHILD ENROLLING FOR THE NEW YEAR. FOR AUTOMATIC PAYMENTS, YOU MAY USE THE SAME CARD WE CURRENTLY HAVE ON FILE IF YOU CHECK OFF THE BOX STATING THIS ON YOUR AUTOPAY FORM AND SIGN FOR AUTHORIZATION OF THE NEW YEAR'S PAYMENT DATES.**

## **CONTACT INFORMATION**

Please make sure to carefully complete your child's enrollment paperwork so that we have the most accurate emergency and family contact information in your child's file. Email is our primary means of communication at BSGA. **PLEASE MAKE SURE WE HAVE AN ACCURATE AND RELIABLE EMAIL ADDRESS ON FILE FOR YOUR FAMILY!**

## **CHILD HEALTH INFORMATION**

PLEASE BE SURE TO PROVIDE US WITH ACCURATE HEALTH AND BEHAVIOR INFORMATION FOR YOUR CHILD SO THAT WE ARE ABLE TO PROVIDE THE MOST POSITIVE LEARNING EXPERIENCE WHILE HE OR SHE IS HERE WITH US AT BSGA!

## **PARENT PORTAL**

Access your account from the comfort of your home through our parent portal on our website.

If you have any questions please feel free to speak with our office staff. We are happy to help answer any of your questions.  
Phone: 508.996.2459, Email: info@baystategymnasticsacademy.com

Thank You!  
BSGA Staff

### **Session Dates:**

- Session #1: September 5 – September 30, 2017
- Session #2: October 2 – October 28, 2017
- Session #3: October 30 – November 25, 2017
- Session #4: November 27 – December 23, 2017
- Session #5: January 2 – January 27, 2018
- Session #6: January 29 – February 24, 2018
- Session #7: February 26 – March 24, 2018
- Session #8: March 26 – April 21, 2018
- Session #9: April 23 – May 19, 2018
- Session #10: May 21 – June 18, 2018

### **Payment Dates:**

- August 14, 2017
- September 25, 2017
- October 23, 2017
- November 20, 2017
- December 18, 2018
- January 22, 2018
- February 19, 2018
- March 19, 2018
- April 16, 2018
- May 14, 2018

**\*CLOSED: LABOR DAY, THANKSGIVING, 12/24/17-1/1/18, MEMORIAL DAY. OPEN SCHOOL VACATION WEEKS AND ALL OTHER HOLIDAYS.**



# 2017-2018 Inspired Movement Registration Form



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Student Info: Male / Female Gymnastics Performance Uniform Size: \_\_\_\_\_ New \_\_\_ Returning \_\_\_ --- If Returning, Original Reg. Date \_\_\_\_\_

Parent \_\_\_\_\_ Occupation \_\_\_\_\_ Parent \_\_\_\_\_ Occupation \_\_\_\_\_

PLEASE LIST CONTACTS IN THE APPROPRIATE PRIMARY AND SECONDARY SPOTS BELOW. CELL PHONES MAY BE ENROLLED IN OUR TEXT UPDATE PROGRAM.

Primary Contact Home: \_\_\_\_\_ Secondary Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Text Updates: Y / N Cell: \_\_\_\_\_ Text Updates: Y / N

Which parent/guardian should be called first in case of medical emergency? \_\_\_\_\_ # \_\_\_\_\_

Party Responsible For Billing: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

BILLING EMAILS: PRIMARY: \_\_\_\_\_ @ \_\_\_\_\_ SECONDARY: \_\_\_\_\_ @ \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Child's Medical Information – PLEASE PROVIDE US WITH ACCURATE INFO SO WE CAN PROVIDE A POSITIVE LEARNING EXPERIENCE FOR YOUR CHILD!

General Allergies \_\_\_\_\_ Allergies to Medication(s) \_\_\_\_\_

Other Medical or Behavioral Conditions (please specify) \_\_\_\_\_

Are any of the allergies or condition(s) described above serious, chronic, or life threatening? \_\_\_yes \_\_\_no

If yes, please elaborate\* \_\_\_\_\_

### Child's Physician Information

Child's Primary Medical Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

Other Medical Provider (if relevant) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

### CHILD'S INSURANCE INFORMATION

Company/HMO \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of Primary Insurance Holder \_\_\_\_\_

How did you hear about us? \_\_\_Website \_\_\_Birthday Party \_\_\_Friend \_\_\_Phone Book \_\_\_Facebook \_\_\_Other: \_\_\_\_\_

STUDENT ENROLLMENT: \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_

Class Level Name Day Time

### TUITION AGREEMENT:

I understand that all classes are a monthly commitment and require enrollment in an automatic credit card payment program. All students are required to have a card on file for billing. Families without a card on file will not be enrolled.

I understand that BSGA will charge my credit card on the monthly payment dates for my entire account balance.

Also, I am aware of the following:

- **Non-refundable** annual membership fee is \$40.00 per family. Families include immediate family members only; siblings and children with the same parents responsible for paying for tuition.
- A 10% discount is given for additional classes as well as for siblings. *Power Team Gym & Rookies tuitions are discounted already.*
- Tuition is pro-rated if enrolling after the first class meeting for **new students**. **We do not prorate for missed classes.**
- Once enrolled in a session, you are committed for the entire one-month session. Please utilize our free trial class. Makeup classes can be used for absences.
- **Billing statements will be sent via email.** Please provide accurate billing contact information and update our office with any changes that occur throughout the year.
- **Refunds or account credits** for missed classes are **ONLY** given for children suffering from an illness or injury that have provided documentation from a Physician excusing them from class attendance
- Make-ups must be scheduled in advance and are offered on a space availability basis only
- A minimum bank fee of \$25.00 will be charged for all returned checks. **Recovery Now** may charge a greater fee is necessary.
- BSGA is not responsible for families splitting tuition costs. We are only capable of storing one billing contact and one credit card for automatic payments for each student. SEPARATE PAYMENTS CAN BE MADE PRIOR TO OUR AUTOMATIC DATES IF PREFERRED.

I have sufficiently read and understand all the above and agree to abide by the policies listed.



Please Initial

I agree that my Family Registration Fee will be charged on the anniversary of initial enrollment.

My Family's Anniversary Charge Month: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2017-2018 Inspired Movement BSGA POLICIES



**\*Our top priority is the safety of all our students. Your cooperation is a vital part of helping us ensure this safety at BSGA.**

## GYM SAFETY & RULES

- Be on time for pick-up and drop-off. Warm-up and stretching are an important part of the injury prevention process.
- All students must wait upstairs until the instructor comes to escort the entire class down to the gym for their lesson.
- Parent/Tot Classes: EACH toddler must be ASSISTED by an adult and remain within arm's reach of him/her during the entire class. (Twins: After a free trial, a decision will be made by the instructor if an additional adult is needed.)
- Unsupervised children are not allowed in the gym, court, or on the equipment at any time. Parents are not permitted to be on the equipment in the gym or court at any time.
- Parents, DO NOT drop off your child(ren) before the start of their class and leave them here unattended. You are responsible for making sure your child makes it safely to their class. We cannot ensure the safety of unattended children.
- **For the safety of your child(ren)**, please escort him/her into the building for drop off and come inside the building for pickup at the end of class. No child will be allowed to wait outside.
- Parents & siblings are more than welcome to observe class from the upstairs viewing room. **Parents, please properly supervise your child(ren) while in the viewing areas.** No one is allowed in the court, in the studio or on the staircases. These are safety precautions that will help us in our mission to keep your children safe.
- Please let us know who will be picking up your child from class if it is someone other than a parent.
- Absolutely no food, drink, gum or shoes in the gym.
- **Dress to participate:** Girls must wear leotards and have hair tied back; Boys must wear athletic clothing. For your child's safety, loose clothing, capes and skirts are not allowed. Sports bra tops alone are not permitted for girls.  
\*These requirements will allow our instructors to safely spot/aid your child in his or her class. If a student comes dressed inappropriately, he or she may be asked to purchase and change into something that is suitable for instruction.
- All new gymnastics students must order a new show leotard or t-shirt at the time of registration. All students will be required to wear a show uniform for both our winter and spring performance shows. These uniforms can also be worn during weekly classes in addition to the dress rehearsals and shows.
- Our SCHEDULE of classes runs from September through June with 10 monthly sessions. For our Summer classes we require separate enrollment.
- If you wish to reserve a spot in a class without attending, the spot must be paid for. However, spots cannot be temporarily filled by friends or family members.
- Once enrolled in a session, you are committed for the entire month session, and are automatically reenrolled from one session to the next.
- If you know that you will not be returning for the next session, please inform our office in writing at least two days prior to the payment date of the next session. If written notice is not received before the scheduled automatic payment date, tuition will not be refunded.
- We allow ONE make-up class per session, which must be scheduled in advance with our office and made up within the same session and class level. We do not allow more than one child to make-up at the same time if the class is full.
- You must have a doctor's note following any injury affecting gymnastics in order to be considered for multiple make-up classes, refunds, or the ability to return to class. Doctor's notes must be dated with the time of the injury or illness to be considered.
- Cancellation due to foul weather or emergency situation: Provide BSGA with texting permissions to allow text updates. Text messages, Facebook, Instagram and website updates will be posted in the event of a cancelled class or program. Makeup classes will be available for these cancellations.

## FEES / PURCHASES / REFUNDS

- WE HAVE A NON-REFUNDABLE ANNUAL FAMILY MEMBERSHIP FEE OF \$40.00 DUE EVERY 12 MONTHS.
- A MINIMUM BANK FEE OF \$25.00 WILL BE CHARGED FOR ANY RETURNED CHECK. **Recovery Now** may charge a greater fee if necessary.
- ONLY MERCHANDISE WITH ITS ORIGINAL TAG ATTACHED CAN BE EXCHANGED OR RETURNED FOR A BSGA CREDIT.
- ALL REFUNDS ARE GIVEN IN THE FORM OF CREDITS. A CREDIT MAY BE USED ON ANY MERCHANDISE, CLASS OR PROGRAM THAT WE OFFER. REFUNDS MAY BE GIVEN FOR MEDICAL EMERGENCIES WITH A DOCTOR'S NOTE ONLY AND MAY TAKE UP TO 30 DAYS TO PROCESS.
- PLEASE WRITE YOUR CHILD'S FIRST & LAST NAME AND CLASS TIME ON MEMO LINE OF YOUR CHECK. WE HAVE MANY STUDENTS WITH SIMILAR NAMES.
- AUTO-PAY MUST BE ENABLED WITH A CREDIT CARD KEPT ON FILE IN ORDER TO ENROLL YOUR CHILD. COMPLETED CREDIT CARD AUTHORIZATION FORMS ARE REQUIRED AT SIGNUP.
- BSGA IS NOT RESPONSIBLE FOR FAMILY AFFAIRS. IF YOU ARE SPLITTING TUITION COSTS, AUTOPAY MUST BE ENABLED WITH ONE CARD ONLY. SEPARATE PAYMENTS CAN BE MADE PRIOR TO OUR AUTOMATIC DATES IF PREFERRED.

**PHOTO OPPORTUNITY PERMISSIONS:** Throughout the year, we have photos taken of our students at BSGA and sponsored events so that we can showcase their hard work in our promotional materials including social media, newspapers, our website, our Facebook, posted around the gym, etc.

Thank you for all your cooperation and support. **We ask that you please sign below to indicate that you have read and understand all of the policies above and will abide by them.** In order to ensure the best possible experience for your child, we need EVERY family member (parents, students, & siblings) to follow these policies. \*Your cooperation will help us provide the best possible experience for all of our students!

**CHILD'S NAME:** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# BSGA Inspired Movement RELEASE FORM



## Consent, Release, and Indemnity

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

Give permission for my son/daughter to participate in USA Parkour Certified Inspired Movement at Bay State Gymnastics Academy. I understand that Inspired Movement is a sport with inherent risks. I attest to my son's/daughter's sound health of mind and body and I authorize Bay State Gymnastics Academy to seek medical treatment at the nearest medical facility in case of emergency. In consideration for the right to have my child participate in gymnastics, I hereby release, discharge, covenant not to sue, and agree to indemnify Bay State Gymnastics Academy, its employees and agents ("Releases") and save and hold harmless each of the Releases from liability, claims, demands, losses, expenses, or damages experienced by me or my minor child, which is alleged to be caused in whole or in part by the negligence of the Releases and further agree that if, despite this release, I, the minor, or anyone else on the minor's behalf make a claim against any of the Releases from any litigation expenses, attorney fees, damage, or cost that they may incur as the result of any such claim.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I warrant and represent that my child has been physically examined by a medical physician within the past one (1) year period and to the best of my knowledge my child is able to participate in this program without restrictions. If restrictions exist, I will provide a written outline of those restrictions from a medical provider. I also agree to notify Bay State Gymnastics of any change in my child's physical condition which may in any way affect his/her ability to participate in classes or programs

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*I acknowledge that I have filled the required Emergency Medical Information Form for use in case of emergency. (Initial)*

## Acknowledgement of Risk and Waiver of Liability

As legal guardian of \_\_\_\_\_, I hereby consent to my child participating in activities at the Bay State Gymnastics Academy. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, associated with participation in gymnastics activities and events. I further agree that Bay State Gymnastics Academy, along with its employees and directors, shall not be liable for any losses or damages occurring as a result of my child's participation in this activity unless such loss or damage is the result of intentional or reckless conduct of the Releases. As legal guardian of the child named above, I hereby agree to provide for the possible and future medical expenses which may be incurred as a result of an injury sustained while training at, or performing for the Bay State Gymnastics Academy.

## Severability

Further, I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Massachusetts, and that if any portion of this agreement is held invalid, the remaining portions of the agreement will continue in full legal force and effect.

I have read this consent, release and indemnity agreement and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**2017-2018 Automatic Credit Card Payment Authorization Form**  
**Required for all BSGA Inspired Movement Families for the 2017-2018 Season**



All tuition payments will be made on an automatic monthly basis through BSGA's automatic payment system.  
 Every family is required to keep a card on file in order to be enrolled in classes at BSGA.

I \_\_\_\_\_ authorize BSGA to charge my credit card on the following dates for services rendered:

Session #1: September 5 – September 30, 2017	Payment Date: August 14, 2017
Session #2: October 2 – October 28, 2017	Payment Date: September 25, 2017
Session #3: October 30 – November 25, 2017	Payment Date: October 23, 2017
Session #4: November 27 – December 23, 2017	Payment Date: November 20, 2017
Session #5: January 2 – 27, 2018	Payment Date: December 18, 2017
Session #6: January 29 – February 24, 2018	Payment Date: January 22, 2018
Session #7: February 26 – March 24, 2018	Payment Date: February 19, 2018
Session #8: March 26 – April 21, 2018	Payment Date: March 19, 2018
Session #9: April 23 – May 19, 2018	Payment Date: April 16, 2018
Session #10: May 21 – June 18, 2018	Payment Date: May 14, 2018

**\*\*\*If you are not re-enrolling for any particular session, please contact our office staff to cancel automatic payments. Cancellation of enrollment as well as automatic payment is required in writing in order to prevent automatic payments from continuing.**

**\*\* If your card is declined for an automatic payment date, your child's enrollment status will move to "wait list" status until a replacement card is provided and tuition is paid in full.**

**Any miscellaneous charges, such as merchandise, extra activities, etc. left on one's account will be included in the automatic monthly tuition payment. The entire account balance will be charged on each payment date.**

**By signing below, I agree to above mentioned terms and I authorize the credit card kept on file to be charged for the services rendered by BSGA.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
 Cardholder's Signature Date

**Credit Card Information**       Use Current Card On File: \_\_\_\_\_ (Please Check Box & Sign Name)

Student(s) Name(s): \_\_\_\_\_

Cardholder's Name (As It Appears On Card): \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*\*Reminders for payment dates and outstanding balances will be sent via email.*

Signature on Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Credit Card Type:** Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Session & Payment Dates: Please detach and keep this portion for your records.**

Session #1: September 5 – September 30, 2017	Payment Date: August 14, 2017
Session #2: October 2 – October 28, 2017	Payment Date: September 25, 2017
Session #3: October 30 – November 25, 2017	Payment Date: October 23, 2017
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