

# Gold Coast Gymnastics, Inc.

# Enrollment Form

1420 Rupp Lane- Lake Worth, Fl. 33460  
 (561) 585-2700--Fax (561) 586-7880  
 www.gcgym.com -info@gcgym.com

2018-2019-School year

**Yearly Membership:** *New - Renewal*  
**Enrollment Month-** 1-2-3-4-5-6-7-8-9-10-11-12

PLEASE TYPE or PRINT CLEARLY

<b>Child's Full Name</b>		<b>Age</b>	<b>Grade</b>	<b>Birthdate</b> / /
<b>Any physical, mental limitations or challenges?</b> <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>		Yes	No	explain
<b>Any Allergies?</b> Nuts, strawberries, adhesives, etc.?		Yes	No	explain
<b>Child's Full Name</b>		<b>Age</b>	<b>Grade</b>	<b>Birthdate</b> / /
<b>Any physical, mental limitations or challenges?</b> <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>		Yes	No	explain
<b>Any Allergies?</b> Nuts, strawberries, adhesives, etc.?		Yes	No	explain
<b>Primary PHONE Number</b>	( )		<b>Home ( )</b>	
<b>E-MAIL Address:</b>				
<b>Home Address</b>			<b>City</b>	<b>Zip code</b>
<b>Mother Name</b>			<b>Cell # ( )</b>	<b>Are you a Parent Participant in the Mini Dragons class: Yes- No</b>
<b>Father Name</b>			<b>Cell # ( )</b>	<b>Are you a Parent Participant in the Mini Dragons class: Yes- No</b>
<small>Additional Guardian &amp; Relation to student</small>			<b>Cell # ( )</b>	<b>Are you a Parent Participant in the Mini Dragons class: Yes- No</b>
<b>Add./Emer Contact</b>		<b>Relationship to student</b>	<b>Cell # ( )</b>	
<b>Rules &amp; Policies</b>			<b>Rules &amp; Policies</b>	
<b>1 Only complete/full tuition payment will enroll a student.</b> Sorry, we <b>DO NOT offer refunds or credits</b> for tuition, membership, classes, camps or special activities. No credit/transfers/refunds for Day/time/classes missed. <b>Payments:</b> cash, checks, Visa, Master Card & Discover Credit Cards - Gold Coast has a \$30.00 charge for returned NSF checks.				
<b>2 ABSENT/MAKE-UP POLICY:</b> Two absent classes may be made-up the current Term. Must be completed by end of the current Term. No transfers/credits to the following Term. Contact the front desk to schedule class. <b>Make-ups are not guaranteed and are based on class availability and must be prescheduled!</b> School age- <b>Make Up Class: Friday 5:30 pm or Saturday 11:00 am. Preschool need to schedule in similar class.</b>				
<b>3 Developmental Class Testing/Evaluations-</b> Held on the final week of each Term Only. Testing/Evaluations cannot be made up. Students need to attend their regularly scheduled class to be evaluated. Advancements are based on student skill ability.				
<b>4 DISCOUNTS-</b> 10% disc siblings. Family Yearly Membership \$60.00. 10% discount for additional classes. ONLY one type of discount may be used per child				
<b>5 Members Only Priority Enrollment-</b> To guarantee your <b>current</b> class space in the following Term, payment may be made during week 6 & 7 of the Current 8 week Term. Only existing students may enroll during PE. After PE there will be open enrollment for available classes.				
<b>6 ATTIRE FOR CLASSES</b> <u>Girls Attire:</u> Leotards only. <u>Not Permitted:</u> bare mid drift, t-shirts with shorts, jewelry. Hair up & pulled away from face. <u>Boys Attire:</u> Tight Athletic T-shirt and stretchy shorts- No clothing with buttons or zippers. No jeans shorts.				
I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even death. I understand and agree that GOLD COAST GYMNASTICS, INC., and its entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. I give permission for a Doctor, Medical Professional or Hospital to treat my child in the event of a medical emergency. <b>I have read and understand the consent for participation and Medical Waiver and Rules and Policies</b>				
<b>* Parent Name-(Print)</b> _____				
<b>* Parental Signature</b> _____			<b>Date</b> _____	
	<b>1<sup>st</sup> child</b>		<b>2<sup>nd</sup> child / class (10% disc)</b>	
<b>Class Type</b>				
<b>Class Day &amp; Class Time</b>				
Yearly Membership \$40.00 / \$60.00 fam				
<b>Total Term Tuition</b>				
* Pro-rated tuition- # wk _____				
Pro-shop purchases/ additional discounts gift certificates				
<b>Total Due</b>				
<b>Total Paid: \$</b>		<b>Payment receipt:</b> Cash- check # _____ CC# approval code _____		