



# BAKER'S SCHOOL of GYMNASTICS

## REGISTRATION POLICIES

**All Members must fill out and pay a once a year non – refundable registration fee of \$ 45.00 Sept-Sept.**

**All payments must be paid prior to the beginning of each session. You have 2 payment options.**

**Option 1. Session payment in full. Make check out to Baker's**

**Option 2. EFT through your checking account. 10 equal monthly payments for 5 Sessions**

**There are no deductions from original payment for missed classes.** We provide make up classes for missed classes due to illness and/or cancellation of classes. Each student is allowed 2 make up classes per session. Make up classes must be used during the same session classes were missed.

**Baker's** reserves the right to cancel any class that does not meet the minimum number of students enrolled in class. **The minimum number of students is 5 per class.**

**For Team Members:** Your child's spot on the team is based on a yearly commitment. There are no deductions from team payments. You are committed to 12 monthly payments starting on Sept 3<sup>rd</sup> and every 3<sup>rd</sup> of the month for the remainder of the calendar year. Make ups are available for missed practices due to illness.

**Cancellation of Class and Team Practices during Winter Months.** If Salem Schools are cancelled for bad weather you must call Baker's after 1pm. At that time there will be a message left on the phone stating if we are also closed for the afternoon classes and team practices. All cancelled classes and practices will be made up. Baker's will let you know your make up time at the next class or practice.

**Parents must resign their child for the next session on the 7<sup>th</sup> week of each session to reserve their spot in class.** After that week we can no longer hold your spot and we will allow other students to enter that class.

**PLEASE READ ALL THESE RULES BEFORE YOU ENROLL YOUR CHILD. PLEASE PRINT ALL INFORMATION**

Date of Enrollment: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Students Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_ CLASS : \_\_\_\_\_ TEAM: \_\_\_\_\_

I hereby enroll \_\_\_\_\_ in the above program, and do intend to be legally bound, herby, for myself, my heirs, executors, waive and release any and all rights and claims for damages I may have against Baker School Of Gymnastics, Inc., its agents, employees, representatives, successor or assigns for any and all injuries and damages suffered by enrollees in or at or in connection with these programs.

Parent or Legal Guardian: \_\_\_\_\_