



**REGISTRATION POLICIES**

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

**All payments must be paid prior to the beginning of each session.**

***There are no deductions from original payment for missed classes.***

**Due to COVID 19 Restrictions we are unable to offer any make-up classes at this time.**

**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 3 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 Se 3<sup>rd</sup> and every 3<sup>rd</sup> of the month for the remainder of the calendar year.

**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 last 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**

**COVID 19 WARNING**

**THERE IS A RISK OF EXPOSURE TO COVID 19 IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT.**

**BAKER'S HAS PUT INTO PLACE NEW PROCEDURES TO KEEP ALL OF OUR GYMNASTS SAFE.**

**EACH GYMNAST AND PARENT ASSUME THE RISK OF EXSPORE TO COVID 19**

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

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

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

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

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: \_\_\_\_\_