

# GYMNASTICS INC.

## DROP-IN

My Child, \_\_\_\_\_ will be taking a drop-in  
\_\_\_\_\_ class on \_\_\_\_\_. The fee to be paid before class begins is \$20.00  
per hour. I acknowledge that the drop-in fee will be applied to my total bill if I sign up for and pay for  
the remainder of the current session to include the day of the drop-in. If I do not sign up and pay for the  
remainder of the session after completion of the drop-in class, I understand that the drop-in fee will not  
be applied to the remainder of the session and a class spot is not reserved for my child.

\_\_\_\_\_

(Keep this half and attach to the waiver)

*This student did / did not sign up for class after the drop-in.*

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## RECEIPT FOR DROP-IN CLASS

\_\_\_\_\_ paid for a drop-in \_\_\_\_\_  
class on \_\_\_\_\_. The amount paid was \_\_\_\_\_  
\_\_\_\_\_ received in the form of \_\_\_\_\_.

\_\_\_\_\_

Gymnastics Inc. Personnel

*(Give this half to the customer)*

**GYMNASTICS INC.**, 3411 Lathrop Street, Suite A, Fairbanks, AK 99701, (907) 456-2263

## RECREATIONAL PROGRAM RULES & POLICIES

### WAVIER AND RELEASE:

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics. I further agree that Gymnastics Inc. along with the employees, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's or my participation in this activity.

\_\_\_\_\_  
Signature of Legal parent/guardian

\_\_\_\_\_  
Parent's printed name

### FEES & PAYMENTS:

1. There is an annual registration fee of \$75.00 per child or \$100.00 per family. The summer only registration fee is \$40.00 per student or \$55.00 per family.
2. At least 50% of the cost of a session is due at time of registration. Payment is expected in full by the end of the 1<sup>st</sup> week of each session. If payment is not received by the end of the 1<sup>st</sup> week, your child's spot can be given away to another paying customer. A \$15 late fee will be charged for any balance due after the 1<sup>st</sup> week.
3. There is a \$25 fee for a non-sufficient fund check. In the event of a check not having sufficient funds, you will be required to pay with cash or credit card.
4. Payments can be made by credit card, check or cash. If no one is in the office to record your payment, you may leave it in the drop box. Please do not leave cash in the drop box. When leaving payments in the drop box, please write your child's name, class day, and time on the check.
5. Fees may be prorated for up to two weeks if vacations are known about before the session begins. However, the parent/guardian must be sure to let us know prior to leaving for their vacation. **Prorated sessions do not qualify for the family discount.**
6. There is **NO CREDIT and NO REFUNDS for MISSED CLASSES.** Missed classes can be made up according to our make-up policies.
7. One class can be taken for the drop-in price of \$20/hr if a parent is unsure whether a child is ready for gymnastics. If you decide to enroll your child, the drop-in fee will be applied towards the session cost, if your child signs up directly after the drop-in. Once a child is enrolled, **THERE ARE NO REFUNDS IF YOU CHOOSE TO DROP YOUR CLASS.**

### MISSED CLASSES & MAKE-UP POLICIES:

1. Three consecutive weeks of absences without notifying the office may cause your child's spot to be given away with **NO REFUND.**
2. **A maximum of two make-ups** can be done during the current session, including before the absence occurs, **if space is available in another class. Make-up classes must be scheduled ahead of time through the office. If the scheduled make-up is missed, it is forfeited.** Make-ups may be taken throughout the end of the next session **ONLY** if the student is enrolled in that next session and payment has been paid in full.

### LATE POLICIES:

1. If your child is late for class by 10 minutes or more, they will be asked to do a make-up. If your child is not early or on time, please do not just drop them off in case they are not allowed to participate. Scheduling a make-up class is the responsibility of the parent/guardian.
2. Gymnastics Inc. and its employees are not responsible for the whereabouts of your child(ren) before or after class. Please pick up your children on time. If your child is picked up late, you may be charged a babysitting fee. Students are to wait for rides up in the balcony above the office.

GYMNASTICS INC.  
RECURRING TRANSACTION AUTHORIZATION FORM

Customer ID: \_\_\_\_\_ (Ex: If Team, TIV-first initial first name & first initial last name of student; If BBLC, BBLC-first initial first name & first initial last name of student)

Student Name: \_\_\_\_\_

Cardholder Name as it appears on the Credit Card: \_\_\_\_\_

Credit Card Account Number to be Charged: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Validation Number: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Confirmation Email Address: \_\_\_\_\_

Type of Service being Billed: \_\_\_\_\_

I understand that unless I pay my balance due no later than the 1st of each month, my balance due will be automatically charged to the above noted credit card

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

# SPECIAL POWER OF ATTORNEY

KNOW ALL PERSONS, that I, \_\_\_\_\_, a legal resident of ALASKA and presently residing in \_\_\_\_\_, Alaska, desiring to execute a SPECIAL POWER OF ATTORNEY, do hereby appoint

\_\_\_\_\_ whose address is - \_\_\_\_\_, Alaska, as my Attorney-in-Fact to act as follows, GRANTING unto my said Attorney full power to:

Authorize and execute consent for any and all medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well-being of my following named child(ren):

Name of Child

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

**TERMINATION:** This Power of Attorney shall become null and void the \_\_\_\_\_, unless I should become incapacitated; in that case, it shall remain in effect until revoked by me.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action," or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States Military control following termination of such status.

IN WITNESS WHEREOF, I have hereunto set my hand this the \_\_\_\_\_.

\_\_\_\_\_

STATE OF Alaska

COUNTY OF North Star Borough

On \_\_\_\_\_, before me, Cynthia S. Bolduc, Notary Public, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature on the instrument, or the entity upon behalf of which the person acted, executed the instrument.

\_\_\_\_\_  
*CYNTHIA S. BOLDUC*

My Commission Expires: \_\_\_\_\_