



Top Flyte Gymnastics
 27116 SE Stark Street
 Troutdale, OR 97060
 503-665-1200
www.tfgymnastics.com

Office Use Only:	FD	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%
Reg. Fee \$	_____	Ch#	_____
Tuition \$	_____	Ch#	_____
Date:	_____	Staff Int.	_____
Notes:	_____		
<input type="checkbox"/> Quickbooks	<input type="checkbox"/> Roll Sheets		

PLEASE PRINT CLEARLY

Student(s) Info: Last Name: _____

1. First Name: _____ Sex: M F Birthdate: ___/___/___ Class/Day/Time: _____

2. First Name: _____ Sex: M F Birthdate: ___/___/___ Class/Day/Time: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Names: _____

Phone: (____) _____ - Cell Phone: (____) _____ - Cell Phone: (____) _____ -

Wk Phone: (____) _____ - Wk Phone: (____) _____ - Email: _____

In an emergency, call (non-parental) Name: _____

Relationship (to child): _____ Phone: (____) _____ -

Medical Information: (please use numbers next to names above when referencing medical issues)

Are there any conditions/delays (physical or developmental) that we should be aware of? If so, explain:

Has your child(ren) been warned against any kind of physical activity for health reasons? Yes / No
 If yes, please explain: _____

Child #1 Medications: _____ Allergies: _____ Immunizations up to date? Y / N

Child #2 Medications: _____ Allergies: _____ Immunizations up to date? Y / N

Physician Name: _____ Phone: (____) _____ -

Health Insurance Provider: _____ Policy/Group #: _____ ID#: _____

Medical Release Waiver/Assumption of Risk:

I certify that I am the parent/legal guardian of _____ and give my permission for him/her to participate in gymnastics, cheer, dance, martial arts, and related activities. In addition, I authorize Top Flyte Gymnastics, Inc. to provide emergency medical treatment to my child in my absence, when a reasonable effort has been made to contact me. When deemed necessary, 911 will be contacted and fire-paramedics dispatched to the scene.

My Child and I are aware that there are inherent risks in gymnastics and above listed activities, including but not limited to those of bodily injury, partial or total disability, paralysis and death. We accept and assume such risks and responsibility for the loses and/or damages following such injury, disability, etc. and will not hold Top Flyte Gymnastics, Inc. in liability for such outcomes.

Parent/Guardian Signature: _____ Date: ___/___/___

Please turn over, read and sign back of form

Top Flyte Gymnastics (TFG) Tuition Policies & Procedures

Tuition: Tuition is due at the first lesson of each month. When making payment, please include your child's name and class info so your account can be properly credited. ***If payment is not received by the 10th day of the month, late fees will be assessed.*** Monthly payments are based on a four week month. Enrollment of a student in a particular class continues from month to month. Written notice must be given to TFG office if you intend to have your child drop or change a class, or your account will continue to be billed. We accept payment in the form of checks, money orders, Visa, Master Card, or Debit. ***If your payment is declined by the bank, you will be charged a \$35.00 returned check fee.***

Attendance & Make-up Policy: Regular attendance is extremely important to your child's progress in gymnastics. Instruction is based on a sequence of skill progressions with coaches building on previous weeks lessons. Tuition rates are based on an average number of calendar days/classes per month; some months have more than four weeks resulting in extra days/classes per month. Thus there is an automatic make-up with regular attendance. In the event that your child misses an additional class, one make-up per month is allowed either thru the Open Gym option or thru a make-up class on Saturday. Call 503-665-1200 to schedule your child's make-up within 30 days of missed class. PLEASE NOTE: If only one student attends a class, that class will be shortened by ½ of its normal time.

Refund/Credit Policy: Refunds will not be issued. Credit requests will be considered only in extenuating circumstances.

Holiday & Weather Related Closures: We have classes on all holidays except Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve & Day, and New Years Eve & Day. In case of extreme weather, or full day weather closures for area School Districts, we may close. If in doubt, please call ahead... our voice message will advise on closure.

Financial Agreement:

Registration fees are paid annually. Tuition is due by the first class of each month/payment period. Any account not paid by the 10th day of the month will be assessed a late fee. Any student with a delinquent account may be excluded from class until the account is paid up to date. Please note, tuition is non-refundable.

I have read and understand the above financial agreement.

Parent/Guardian Signature: _____