

Acknowledgement and Agreement to Apollo School of Gymnastics Policies

Signified by my initials, during our involvement with Apollo School of Gymnastic I understand that:

- ___ All instructional tuition is due as billed and I agree to pay all tuition incurred by my family.
- ___ Instructional tuition is due before the 15th of the month preceding the scheduled instruction period.
- ___ **I realize a 10% processing fee is due for any tuition received after the regular tuition due date.**
- ___ Tuition may be paid either monthly ("Term" 4 weeks) or bi-monthly (8 weeks)
- ___ Paying tuition for 2 terms or 8 weeks results in a discount of 5%.
- ___ If all fees are not paid in a timely fashion, my child will be moved from the class roster to the class waiting list and any children on the class waiting list will be placed in the open class space.
- ___ In the event that all fees are not paid in full, my child will not be allowed to participate until all fees are paid in full.
- ___ The Annual Membership Fee is a non-refundable fee due upon registration and every 12 months thereafter. The fee is \$30.00 for an individual membership and \$50.00 for a family membership.
- ___ The Apollo charge for bounced checks is \$30.00 plus any applicable bank fees.
- ___ I have 30 days to get a full refund of my tuition if I, or my child are dissatisfied with the Apollo program. There are no refunds on the annual Membership Fees. After the 30-day period there are no refunds under any circumstances.
- ___ Make-up classes are allowed for 2 missed classes per 8-week Session. No Credit is allowed for missed classes. Make-up classes must be scheduled through the Apollo front desk a minimum of 24 hours in advance.
- ___ Make-up classes will be held weekly on Saturday mornings at 10 am for girls and 11 a.m. for all other classes.
- ___ **I understand and I will respect that *absolutely no one – students, siblings, friends, parents, etc. – is allowed in the Apollo instructional area, or on any piece of equipment without the express permission and supervision of an Apollo instructor.***
- ___ My child is to wait inside the gym for his or her ride if I must leave for any reason.
- ___ I must notify Apollo of our intention to discontinue lessons. I agree to pay for classes until this notice is received.

I have read, or have had read to me, all of the above information regarding my family's involvement at the Apollo School of Gymnastics. I understand and agree to abide by each and every term and condition as explained above.

Parent/Guardian Signature

Date

Apollo Representative

Date