

Apollo School of Gymnastics

2140 Range Road, Unit G ~ Clearwater, FL 33765

(727) 447-2108



2019 - 2020 Student Information Form (September 1, 2019 - August 31, 2020)			Emergency and Medical Information			
Student 1:	Gender:	Date of Birth:	Emergency Contact Name:		Telephone:	
Student 2:	Gender:	Date of Birth:	Do any of the listed students have any medical conditions of which we should be alerted of or are they taking any prescription medications at this time? Circle One: Yes / No If yes, specify which student and explain:			
Student 3:	Gender:	Date of Birth:				
Student 4:	Gender:	Date of Birth:				
Parent/Guardian Information						
Address 1:		Home Telephone:		Authorization to Pickup and Remove		
Address 2:		Mother Cell:				
City, State, Zip:		Mother Work:		For children actively participating in the After School and/or Team programs , in addition to the listed parents, the following person may pick up and remove my child(ren) from the Apollo School of Gymnastics facility:		
Mother's Name:		Father Cell:				
Father's Name:		Father Work:		Name:	Relationship:	Phone Number:
Email Address:						
Which parent would you like to have listed as the primary contact? Circle One: Mother / Father						
How did you hear about Apollo?			Referred by my friend:			

Acknowledgement of Risk and Waiver of Liability	
<p>As legal guardian of _____, I hereby consent to the aforementioned person(s) participating in the Gymfynn, Inc., d.b.a. Apollo School of Gymnastics programs. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as damages and losses associated with participation in gymnastics activities and events. I further agree that the Gymfynn, Inc., d.b.a. Apollo School of Gymnastics, and the sponsor of any Apollo School of Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, <i>including any losses or damages resulting from their own negligence</i>, except where such loss or damage is the result of intentional negligence or reckless conduct of one of the organizations or individuals listed above.</p> <p>Apollo School of Gymnastics may take photographs and/or video of its students while participating in our programs. Apollo has the permission to use this media in any manner at all, photographs in whole or part, either by themselves or in conjunction with other promotional and advertising uses, and for other trade purposes.</p> <p>As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Gymfynn Inc., d.b.a. Apollo School of Gymnastics. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.</p>	
_____ Parent/Legal Guardian Signature	_____ Date

Front Office Use Only	
Original program of participation:	
<input type="checkbox"/> Day Camp <input type="checkbox"/> Open Gym <input type="checkbox"/> After School <input type="checkbox"/> Pre School / Recreational <input type="checkbox"/> Team <input type="checkbox"/> Birthday Party <input type="checkbox"/> Lock In <input type="checkbox"/> Special Event	
Special Notes:	_____

Acknowledgement and Agreement to Apollo School of Gymnastics Policies

Signified by my initials, during our involvement with Apollo School of Gymnastics 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 ("Session" - 8 weeks).
	Paying tuition for 2 Terms (Session), 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 in the class until all fees are paid in full. Furthermore, my child will not be able to participate in extracurricular events, such as Open Gym or schedule Private Lessons.
	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. At the time of enrollment, if I choose to place a credit card on file, subsequently enrolling in automatic payments, I will receive a 50% discount on the annual membership fee dues. In order to not incur retroactive membership fees, I must keep an active credit card on file, for automatic processing, for a minimum of 6 months.
	The Apollo charge for a bounced check 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 Fee. 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 financial credit is allowed for missed classes. Make-up classes must be scheduled through the Apollo front desk staff, at a minimum of 24 hours in advance.
	Make-up classes will be held weekly on Friday afternoons at 5:30 pm.
	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.
	If my child is going to be absent on the first class day of a new Term and payment has not been made, I must contact an Apollo staff member at: 727-447-2108 to process the Term fee over the phone. This is the only way to guarantee a misunderstanding does not occur wherein my child may be removed from the class attendance. As an alternative, I understand that I may create an online account at: www.apollogymnastics.com and process a payment through our online parent portal.
	If I must leave for any reason, my child is to wait inside the gym for his or her ride.
	Any child taking prescription medication, must do so under sole administration of the parent or natural guardian. You should always consult with your family's primary care physician as to whether physical activity, of this caliber, is recommended. Apollo staff members are not responsible for distributing or assisting your child with any medication or medication protocol. If your child has a medical condition and diagnosis that requires medication or medication administration, due to the possibility of being in the position of a life threatening situation, you must submit an email to: FrontDesk@ApolloGymnastics.com. Wherein you authorize an Apollo employee to act on your behalf and consent to the proper procedure, as detailed by a medical authority. Furthermore, in the event of an emergency, at which time a parent or natural guardian cannot be reached, you give consent to have your child transported by ambulance, or other appropriate emergency vehicles, to a medical facility.
	I must notify Apollo of our intention to discontinue lessons. I agree to pay for classes until this notice is received. I further understand that the only acceptable form of submitting notice of discontinuation is to send an email to billing@apollogymnastics.com . A front office staff member cannot accept a notice of discontinuation on my behalf.
	If notice of discontinuation, sent via email, is dated on or before the due date of the upcoming Term, your account will not be liable for the upcoming Term payment. If notice of discontinuation is received after a new Term has begun, you will not be eligible for a refund. You may choose to have your child finish his/her participation in the Recreational program or use their remaining classes in Open Gym participation. Please note, students in the Preschool program will only have the option of finishing their participation in their class.

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