

Action Gymnastic of Evergreen, LLC

Registration and Payment Options Form

Please Include \$40 per Individual or \$50 per Family Annual Reg. Fee

Student Name (s) – (Incomplete forms will not be accepted)

(Discounts 10% 2nd Child, 20% 3rd Child)

1 _____ ChoiceA _____ Day _____ Time _____ Age _____ Birthday _____
ChoiceB _____ Day _____ Time _____

2 _____ ChoiceA _____ Day _____ Time _____ Age _____ Birthday _____
ChoiceB _____ Day _____ Time _____

3 _____ ChoiceA _____ Day _____ Time _____ Age _____ Birthday _____
ChoiceB _____ Day _____ Time _____

Parent (s) Name (s) _____

Email Address _____

Mailing Address _____ City / State / _____

Zip _____ Home Phone _____ Cell/Emergency _____

Please sign additional persons who have permission to Pick Your Child up From Class

Doctor Name: _____ Phone: _____

Option #1 Pay Plan (Preferred Option)

Automatic debit card, Visa or Master Card credit card

Cardholder's Name _____ Amount\$ _____ ZipCode _____

Card Number _____ EXP. _____ Visa or MasterCard (circle one)

I herby authorize Action Gymnastics of Evergreen, LLC. to charge my debit or credit card on the 25th of each month for monthly instruction services. I also authorize an annual membership fee of \$25.00 per family one time per year. I do understand that is my responsibility to keep my card current, so that in the event that any transaction is declined, I agree to pay a \$10.00 service fee. Furthermore, I do understand that it is also my responsibility to notify Action Gymnastics, LLC in writing of any class changes by the 25th of the current month to avoid additional charges for the next month of service

Cardholder's Signature _____ Date _____

Option #2 – QUARTERLY PAYMENTS

For quarterly payments we except cash, checks, Visa, Mastercard debit or credit card

Quarterly tuition is due by **September 1st, December 1st, March 1st and June 1st**. We will send out quarterly reminder notices. There is no payment plan for quarterly payments, so payments are always due in full. Once payment is received there are no refunds available. There is a \$25 fee for returned checks and the member of the returned check will be required to sign up for monthly automatic payments to continue their enrollment. By signing below you acknowledge that you have read the quarterly payment option above and completely understand the quarterly payment program.

Parent's, Guardian's Signature _____ Date _____