



Baldwin Park
 4915 New Broad St.
 Orlando, FL 32814
 Ph: (407)644-0847
 Fx: (407)644-7738

LB McLeod
 4658 L. B. McLeod Rd
 Orlando, FL 32811
 Ph: (407)246-1200
 Fx: (407)246-1586

Waterford Lakes
 1501 S. Alafaya Trail
 Orlando, FL 32828
 Ph: (407)207-4110
 Fx: (407)207-0611

Primary Phone # (____) _____ - _____

1st Child Full Name _____ M/F _____ DOB _____ Class Day/Time _____

2nd Child Full Name _____ M/F _____ DOB _____ Class Day/Time _____

3rd Child Full Name _____ M/F _____ DOB _____ Class Day/Time _____

Parent/Guardian Full Name _____ Email _____

Address _____ City _____ State _____ Zip _____

License# _____ Employer _____ Work # _____ Cell# _____

Emergency Contact _____ Emergency# _____

Allergies/Medical Conditions _____

Tuition Payment Option *(initial your selection)*

- _____ Monthly Payment Plan (due on the 1st)
- _____ 3 Month Payment Plan (5% discount)
- _____ 6 Month Payment Plan (7% discount)
- _____ Yearly Payment Plan (10% discount)

I understand the 30 day Drop Policy applies regardless of the payment option I have selected above.

FOR OFFICE USE ONLY

Annual Registration _____

1st Child Tuition _____

2nd Child Tuition _____

Total Fees Due Today _____

Registered by: _____ Date: _____

I authorize Orlando Metro Gymnastics to bill my credit card ending in ____ _ for any current or past due balance on my account per the policies listed below.

Signature: _____ Date: _____

I request Monthly **Automatic Charge** to my credit card on file ending in ____ _.

Signature: _____ Date: _____

*****Please hand credit card to front office staff upon registration regardless of Auto Pay selection*****

(Initial Each Line) Orlando Metro Gymnastics Policies

_____ Tuition is due on the 1st day of the calendar month. A 10% Late Fee is added on the 6th of the month. Past due balances will automatically be charged to your credit card on file on the 6th of the month. Delinquent accounts will be filed with credit bureau.

_____ Annual Registration fee and Tuition are Non-Refundable. Annual Registration fee will automatically be charged to your credit card on file on the 1st day of your renewal month.

_____ A \$30 NSF will be charged on returned checks. A valid credit card is required for registration. There is a 3% processing fee if a refund situation should occur.

_____ One make up class may be scheduled for every two missed classes. Make ups must be scheduled within 60 days of missed classes. Make ups cannot be done after you have dropped classes. Classes are held year round based on the Orlando Metro Calendar. Make ups will be scheduled based on Orlando Metro availability/schedule.

_____ I understand and agree I am obligated to give a "30 day written drop notice" on the 1st day of the calendar month prior to the month dropping. I agree to pay one month full tuition if written notice not given. This applies to ANY drop at ANY time. I understand there are NO exceptions to this policy. Drop notices are only excepted in person. No fax, email or postal service delivery will be accepted.

_____ Account must be paid current in order for students to participate in class.

_____ Gymnast may lose spot in class if account is not paid on time.

_____ PreSchool Parents are required to stay in the lobby while their child(ren) participate in class.

_____ All parents must be in lobby to pick child up no later than 10 minutes prior to class ending. We are not responsible for your child once class is dismissed.

I understand participation in gymnastics, cheerleading, and swimming involve motion, rotation, and height and carries with it a risk of injury or death. I am voluntarily registering my child (ren) for this activity. I understand any medical expenses related from participation in these activities are my sole responsibility. I give permission to Orlando Metro Gymnastics to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a families image or voice for the purpose of promoting or advertising.

Parent/Guardian Signature _____ **Date** _____

Who should we thank for your Referral? _____