

Tumbling

TAG's World Gymnastics

Cheerleading



Owner / Director
Tod A. Goldstein

Always FUN and FITNESS

GYM: (361)643-4207
MOBILE: (361)441-9250

Preschool thru Adult Fitness / General Gymnastics / Private – Group Rates

1st Child's
Last Name: _____ First: _____ Sex ____ Age: ____ Birthday: _____

2nd Child's
Last Name: _____ First: _____ Sex ____ Age: ____ Birthdate: _____

3rd Child's
Last Name: _____ First: _____ Sex ____ Age: ____ Birthdate: _____

4th Child's
Last Name: _____ First: _____ Sex ____ Age: ____ Birthdate: _____

Mother's Name _____ Phone: _____ Email: _____

Father's Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Any medical conditions which need to be addressed: _____

How did you hear about us? ____ Newspaper ____ Friend ____ Windfest ____ Drive by ____ Facebook ____ Instagram

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, _____ and _____ I hereby allow named student(s) to participate in the programs offered by TAGS WORLD GYM. I recognize that participation in such programs involve motion, rotation, and height in a unique environment. I further agree that participation in such activities involving gymnastics related programs can result in potentially severe injuries, including permanent paralysis or even death. I hereby forever release TAGS WORLD GYM, its officers, employees, teachers and coaches from any and all liability for damages and injuries suffered by myself or my child under the instruction of TAGS. I authorize any representative of TAGS to take the necessary steps regarding medical attention and will assume all expenses obtained during medical attention to my child for any injury or illness he/she may have.

I further acknowledge, understand, appreciate and agree that my child's participation may result in possible exposure to an illness from infectious diseases, including but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks both known and unknown, even is arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

I, _____, grant permission to TAG's World Gymnastics, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including: Videos, Email Blasts, Newsletters, General Publications, Social Media, Website and/or Affiliates

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____

OFFICE USE ONLY	DATE	CLASS	DAY/TIME
TRIAL CLASS			

Financial Policy

Initial

1. _____ Tuition is due at the time of the first class each month. It is considered late after the 10th of the month. Any accounts with cards on file for Autopay are charged on the first business day of the month (between the 1st-3rd).
2. _____ A late fee of \$5 will be charged after the 10th of the month.
3. _____ A service charge up to the maximum allowed by law will be assessed on all returned checks.
4. _____ Full tuition is due even if you miss a class. **Tuition fees are non-refundable.**
5. _____ **A non-refundable Registration Fee is due at sign up.** An Annual Membership Fee will be due every August thereafter.
6. _____ Advance notice is required when dropping a class. This can be done via phone, email, Facebook message, or in person at the front desk. **You are responsible for the full tuition of the class if we do not receive advance notice.**

Attendance Policy

1. _____ **Make up classes are not guaranteed. They are only possible if openings are available and are approved in advance.**
2. _____ The student will attend only the class they are assigned.
3. _____ **The student will automatically be dropped from their class if they are absent three times consecutively in the month and tuition has not been paid.** Attendance is crucial to the students' progression. Re-enrollment will be dependent on availability after the account has been paid in full. If you choose to take an extended break and are in an upper level class, you may be required to be evaluated for skills retained and may need to enroll in a lower level to regain those skills and strength lost while on break.

Behavior Policy

1. _____ We reserve the right to refuse service at any time for any reason we feel necessary.
2. _____ Students will be placed in time out for redirection when their behavior is disruptive or causing a safety issue.
3. _____ A parent will be called if the student continues behaving in a disruptive or unsafe manner.
4. _____ For Safety Reasons: Parents are not allowed out on the floor. Please do not call your child off of the floor during their class. Students are to stay with their coach while in class.
5. _____ TAGS is not responsible for personal items that are lost, stolen, broken, or misplaced at any time. If an item has been misplaced, please see our front desk for our Lost & Found.

** We are willing to work with you on different situations you may have. Please feel free to come to us with your situation, and we will do our best to accommodate.

I have read and understand the above statements and agree to follow these policies.

Signature _____ Date _____