

**U.S. GOLD GYMNASTICS AND CHEERLEADING ACADEMY 2009-2010
10 SESSION RECREATIONAL PROGRAM MEMBERSHIP AGREEMENT**

Parent/Guardian: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ E-Mail Address: _____
 Mother Occupation: _____ Work #: _____ Cell #: _____
 Father Occupation: _____ Work #: _____ Cell #: _____
 Driver's License #: _____ Name as it appears on license: _____
 Emergency Contact (other than Parent/Guardian): _____
 Home #: _____ Work #: _____ Cell #: _____
 Does your child(ren) have any medical conditions? _____
 How did you hear about U.S. Gold Gymnastics & Cheerleading? _____

Student: _____ M or F	Birth date: _____	Registration Fee: \$ _____	Monthly Tuition: \$ _____
Class: _____	Day/Time: _____	Class: _____	Day/Time: _____
		Pro-rated Tuition: \$ _____	

Student: _____ M or F	Birth date: _____	Registration Fee: \$ _____	Monthly Tuition: \$ _____
Class: _____	Day/Time: _____	Class: _____	Day/Time: _____
		Pro-rated Tuition: \$ _____	

Pre-Pay Total (if applies): \$ _____	Total Due at Registration: \$ _____
Paid By: Visa / Master Card / Cash / Check # _____	Received By: _____

By signing below, I acknowledge that I am registering my child(ren) through June 12, 2010. Early withdrawal from this term must be done in writing and received by U.S. Gold Gymnastics and Cheerleading Academy no later than thirty (30) days prior to the first day of the month in which I wish to withdraw my child(ren). For example, if I wish to withdraw my child(ren) effective in the month of February, notice must be received by January 1.

NO EXCEPTIONS TO THIS POLICY WILL BE MADE

Failure to comply with this policy will obligate me to continue paying monthly tuition until proper notice is received.

I have read and fully understand the terms stated above and agree to adhere to these terms. In the event of default, I agree to pay all attorney fees, court costs and collection expenses. U.S. Gold Gymnastics and Cheerleading Academy reserves the right to terminate this agreement at any time and for any reason.

The total value of this contract is \$ _____, which will be paid according to the terms as outlined below:

Parent/Guardian Signature _____ Date _____

Witnessed by U.S. Gold Staff _____ Date _____

PREPAYMENT PLAN

By signing below, I acknowledge that by paying my account in full for the term of the session, I waive my right to a refund if I withdraw my child(ren) from the program.

Initials: _____

EFT AUTHORIZATION
(Voided Ck Required)

By signing below, I authorize U.S. Gold Gymnastics and Cheerleading Academy to withdraw funds from my CHECKING/SAVINGS account on the 8th calendar day of each month. I understand that this transfer of funds will be in effect until I withdraw from the program in accordance with the policy stated above or until the completion of the 10 month program.

\$35.00 will be added for each declined withdraw.

Initials: _____

CREDIT CARD AUTHORIZATION
(\$5 Monthly Transaction Fee Required)

By signing below, I authorize U.S. Gold Gymnastics and Cheerleading Academy to withdraw funds from my VISA/MASTERCARD account on the 8th calendar day of each month. I understand that this transfer of funds will be in effect until I withdraw from the program in accordance with the policy stated above or until the completion of the 10 month program. \$35.00 will be added for each declined credit card.

Initials: _____