

Gemini Gymnastics, LLC Policies and Acknowledgements

Payments:

- All “Registration Fees” are due with the first payment by the first day of class. Registration fees are *non refundable*.
- Tuition is due at the beginning of each session by the first class if paying in full. If using the monthly payment plan, all tuition is due on/by your regular class time the first week of each month.
- We accept cash, checks and/or money orders.
- A payment drop box (gray) is available for your convenience located at the front desk in the waiting area of Gemini Gymnastics.
- Returned checks are subject to a \$25 service charge on top of the original check amount.
- A \$5 *late fee* will be added on after each week of NO PAYMENT received. By the end of the 3rd week of receiving NO PAYMENT and NO COMMUNICATION has been made with Gemini Gymnastics, student will be *suspended from all classes until payment is received in full*.
- NO REFUNDS will be given on tuition, *except* with a doctor’s letter stating that the student is unable to continue to participate in class due to medical reasons.

* _____ Please Initial

Make-ups:

- Students are allowed one make-up class scheduled at the end of the session.
- Student must attend a make-up class within their same skill level.
- Students need to schedule a make-up class in advance by emailing or calling.
- No “Drop-ins” will be allowed due to the limited amount of space available.
- If your gymnast will not be attending their regularly scheduled class, please notify us.
- If Gemini Gymnastics cancels a class due to the weather or instructor illness, a make-up class will be scheduled whenever possible within the session and you will be notified. If we are unable to schedule a make-up class for said cancellation, then the students’ accounts will be credited for that cancelled class.

* _____ Please Initial

Thank you for your understanding and cooperation.

I have read and understand this acknowledgement of Payments, Make-ups, Code of Conduct, Dress Code, Policies and Procedures of Gemini Gymnastics LLC.

Gymnast’s Name: _____

Parent/Guardian’s Signature:

Session 1 (Fall): _____ Date: ___/___/___

Session 2 (Winter/Spring): _____ Date: ___/___/___

Session 3 (Summer): _____ Date: ___/___/___