

**WESTCHESTER GYMNASTICS**  
**2022-2023 REGISTRATION FORM**

Student: \_\_\_\_\_ M/F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**PAYMENT POLICY:**

Semester dues will be pro-rated based on the date of enrollment. For any second child joining the program, a 10% discount will be given on the lesser tuition.

I understand that I am registering my child(ren) at Westchester Gymnastics for a session of classes. I am also aware that should my child(ren) not complete the session I am still responsible for the full payment. Please make any payments payable to Westchester Gymnastics, 5 Skyline Drive, Hawthorne, NY 10532 (914) 592- 2324 Fax: 914-592-0204.

**I understand that if payments are not received by Westchester Gymnastics within 5 days of their respective due date, a \$20.00 late charge will be assessed, and that a \$40.00 fee will be assessed against any returned checks.**

**\*NO REFUNDS AFTER 2nd CLASS.** NO REFUNDS under any circumstances after the 2nd class, including but not limited to gym closure as a result of inclement weather, strike, riot, flood, pandemic, restriction by government authority, act of God, actual or threatened.

**A \$40.00 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM**

PAYMENT AGREEMENT:

I fully understand that if any payment is not received by the due date the credit card below will be charged. If the credit card on file is declined I understand I will be charged a fee of \$25.00. My child will not be allowed on the gym floor until an active credit card is provided to the gym. I also affirm that I have given the credit information below to be used for that purpose. Please make any checks payable to Westchester Gymnastics.

Circle one: Master Card – Visa - Discover/Novus – Amex

Name as it appears on credit card \_\_\_\_\_

Credit Card \_\_\_\_\_ Sec \_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5 Skyline Drive

Hawthorne, NY 10532

Phone (914)592-2324 \* Fax (914)592-0204