



13601 Providence Road  
 Weddington, NC 28104  
 704-847-0785 (phone)  
 www.southeasterngymnastics.com  
 southeasterngymnastics@gmail.com

*Home of Past, Present, & Future Champions*

**\* COMPETITIVE TEAM REGISTRATION & RELEASE \***

**ANNUAL REGISTRATION FEE – \$65 (DRAFTED SEPTEMBER 1<sup>ST</sup>)**

**USAG # \_\_\_\_\_**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information**

Medications/Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy#: \_\_\_\_\_

In case of emergency, preferred hospital: \_\_\_\_\_

**My Child may be photographed for promotional materials for WAC/SEG: Yes No (circle one)**

**TEAM TUITION RATES**

Bronze \$275.00/month, Silver \$305.00/month, Gold 1 & Gold 2 \$345.00, Platinum \$375.00/month, Diamond \$375.00/month, Mighty Mites 1 & 2 \$295.00/month, Level 3/1 & 3/2 \$375/month, Level 4/1, Level 5/6 \$420.00/month, Level 7/8 \$455.00/month, Level 7/9 \$455.00/month, Level 10/1 \$475.00/month, Level 10/2 \$475.00/month, HS Level 4/2 \$400/month, HS Level 5 \$420.00/month, HS Level 7/8 \$475.00/month, HS Level 9/10 \$475.00/month.

**IT IS A REQUIREMENT THAT SOUTHEASTERN TEAM TUITION BE PAID BY AUTOMATIC DRAFT OF A CREDIT CARD, DEBIT CARD, OR BANK ACCOUNT (\$25 NSF APPLIES) AFTER THE 1ST OF EACH MONTH. UPON NON-PAYMENT, GYMNASTS ARE INELIGIBLE TO COMPETE.**

In order to cease responsibility for payment of services, **A 30-DAY WRITTEN NOTICE** must be submitted to SEG office. If a gymnast has sustained an injury that prevents her from training on **all four events for more than four weeks**, tuition is reduced to \$260 for compulsory gymnasts and \$300 for optional gymnasts. Once the gymnast is able to train on **any of the events**, full tuition will resume.

**I have read and understand all of WAC/SEG's policies and procedures and agree to adhere to them.**

Signature \_\_\_\_\_

**STATE OF NORTH CAROLINA, UNION COUNTY**

**Release Agreement and Assumption of Risk**

IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, Inc., its officers, agents, and employees, for My Child \_\_\_\_\_ My Ward \_\_\_\_\_ Myself \_\_\_\_\_ (check one) (FULL Name) \_\_\_\_\_ to receive instruction in Gymnastics and all activities incidental thereto, or to engage in gymnastics at Southeastern Gymnastics, Inc., I do hereby release and discharge Southeastern Gymnastics Inc., its officers, agents, and employees from all claims, demands, actions, judgments, and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Southeastern Gymnastics Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities.

I understand the risks involved with contagious diseases including, but not limited to, those with pandemic involvement, and release and discharge Southeastern Gymnastics Inc., its officers, agents, and employees from all claims, demands, actions, judgments, and executions which I, my child or ward, or our heirs, executors, administrators, or assigns as applicable, may have, or claim to have, against Southeastern Gymnastics Inc., its agents or employees as they relate to any personal illness, illness transmitted to others, and death or death of others resulting from all contagious diseases.

I agree to abide by the posted rules and regulations of Southeastern Gymnastics Inc, including those pertaining to financial responsibility, and agree to follow the instructions of the staff. **I have read this release agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.**

Signature (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print) \_\_\_\_\_

Fall/2020-2021

For Office Use Only: T/O Dates: \_\_\_\_\_ T/O Level \_\_\_\_\_ Amt. Paid \_\_\_\_\_



## Home of PAST, PRESENT & FUTURE CHAMPIONS

We are extremely pleased that you have selected Southeastern Gymnastics for your child's competitive program. The following is a list of the team rules and policies. Please read carefully and sign below. Complete and return the registration form along with this form, the session registration fee, tuition, and assessment fees that are due.

1. To participate in Southeastern Gymnastics' competitive team program, your child must be a registered member of Southeastern Gymnastics. There is an annual registration fee of \$65.00 (non-refundable). **IN ORDER TO PARTICIPATE AS A TEAM MEMBER, YOU MUST ALSO BE A MEMBER OF THE PARENT ORGANIZATION, PGO.** There are separate dues assessed by this organization.
2. **ALL TEAM TUITION MUST BE PAID BY CREDIT CARD, DEBIT CARD, OR BANK DRAFT INSTRUCTION PER WEEK. IF TUITION IS NOT RECEIVED BY THE 1<sup>ST</sup> OF THE MONTH, AN AUTOMATIC \$15.00 LATE FEE WILL BE ASSESSED. If there is any outstanding balance due, a gymnast will not be entered into any competitive meets, camps, or other team activities until the balance is paid in full.** Any money submitted to Southeastern Gymnastics when a balance is outstanding, will be applied to the outstanding balance even if submitted for another purpose. Unpaid tuitions result in a membership suspension after the 10<sup>th</sup> of the month.
3. During the year it will be necessary to cancel scheduled practices due to coaches' obligations to other levels at meets, coaches' clinics, coaches' illness, set up for home meets, gym maintenance, weather and/or other circumstances. These practices will not be made up nor will a refund or pro-ration be offered. We will always strive to keep cancelled practices to a minimum.
4. There will be no refunds for monthly tuition. There is no pro-ration of fees if you choose, for whatever reason, not to attend all scheduled workouts.
5. If your child decides not to continue with the team, **you must advise the head coach AND SEG OFFICE, IN WRITING, 30 DAYS PRIOR TO THE LAST WORKOUT DAY.** Responsibility for tuition payment for the 30 days remains intact.
6. All gymnasts are expected to compete in scheduled meets. Gymnasts are required to attend all regularly scheduled practices one week before a competition. Any team member unable to complete the required skills one week before competition may be scratched from the upcoming meet. The costs for the meet are the responsibility of the parent.
7. You must be current with PGO, Inc. at least one week prior to any team competition or event in order to participate in that meet or event. If you are not, your child will be scratched. Tuition for Southeastern Gymnastics must be current, or your child may not participate in meets, camps, or clinics.
8. All team members must purchase a team uniform appropriate to their level.
9. We encourage parents, siblings, relatives, and friends to observe workouts. All spectators are permitted in the **observation areas only, NEVER IN THE GYM AREAS.**
10. **Please do not leave gymnasts nor siblings unattended on SEG property. DO NOT DROP OFF EARLY FOR WORKOUT SESSIONS; TIMELY PICK UP IS APPRECIATED, A \$1.00 PER MINUTE FEE WILL BE ASSESSED FOR EVERY MINUTE AFTER 10 MINUTES OF LATE PICK-UP.**
11. We expect our coaches to conduct themselves professionally when attending competitions. We expect parents to also conduct themselves courteously and respectfully when attending competitions. Under no circumstances should a parent enter the competition floor unless requested by a coach representing Southeastern Gymnastics. In the best interest of your child, and as a common courtesy to the other parents and gymnasts, it is requested that if conflicts arise between you and a coach, that you wait until the completion of the competition to address these issues.

I have read and understand the team policies and agree to abide by them.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member Name (s): \_\_\_\_\_



## AUTO PAYMENT FORM – TEAM

**Student Name(s):** First \_\_\_\_\_ Last \_\_\_\_\_

**Parent Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

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

Please complete the information below, selecting Option 1 or 2. Payments will be processed on the 1<sup>st</sup> of each month. The debit to your account will be the tuition amount for your class selection or Team placement. Please refer to the current school year session form for the appropriate amount due. The following information will be held confidential.

### **OPTION 1: Automatic Credit Card or Debit Card Authorization**

Please provide the following information:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the credit card account listed above. I am aware that this will occur on the first of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of a declined payment, a \$25 fee will apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OPTION 2: Automatic Bank Transfer Authorization Form**

Please provide the following information and a **voided check**:

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (first set of numbers)

Account Number: \_\_\_\_\_ (middle set of numbers)

Account Type: \_\_\_\_\_Checking \_\_\_\_\_Savings \_\_\_\_\_Consumer \_\_\_\_\_Business

Phone number associated with Bank Account: \_\_\_\_\_

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the account listed above. I am aware that this will occur on the first day of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of insufficient funds, a \$25 fee will apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13601 Providence Road, Weddington, NC 28104

(P) 704-847-0785

[southeasterngymnastics@gmail.com](mailto:southeasterngymnastics@gmail.com)

Rev 012621

Fall/2020-2021

For Office Use Only: T/O Dates: \_\_\_\_\_ T/O Level \_\_\_\_\_ Amt. Paid \_\_\_\_\_