

____ Check here if you are a new member or current member that needs to update family/contact info.
All information below must be filled out. DO NOT leave any blanks.



FALL 2024 REGISTRATION FORM - AUGUST 26 - DECEMBER 21
2010 JENNIFER LANE QUINCY, ILLINOIS 62301 (217)224-8491 www.MyGemCity.com

1st Contact Name: _____ Relationship to child(ren): _____

Home #: _____ Cell #: _____ Work#: _____

Employer: _____ Email address: _____

2nd Contact Name: _____ Relationship to child(ren): _____

Home #: _____ Cell #: _____ Work#: _____

Employer: _____ Email address: _____

Home address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (Other than Parents): _____ Phone #: _____

Health Insurance Carrier: _____

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Child's Class: _____ Day: _____ Time: _____

Child's Second Class: _____ Day: _____ Time: _____

Child's Name: _____ Gender: _____ Age: _____ Birthday: _____

Child's Class: _____ Day: _____ Time: _____

Child's Second Class: _____ Day: _____ Time: _____

Does your child(ren) have any special medical needs/disabilities/allergies/medications we should be aware of? _____

PLEASE READ BEFORE REGISTERING FOR CLASSES

Gem City Gymnastics & Tumbling, LLC is not responsible for providing primary medical accidental injury insurance on students enrolled. Parents are advised to provide adequate accident and medical insurance for their children enrolled in classes at Gem City Gymnastics & Tumbling, LLC. Gem City Gymnastics & Tumbling, LLC shall not be held responsible for treatment or losses due to participation in activities before, during, and after classes, or due to any other activity connected to the facility. PLEASE BE ADVISED THAT ANY ACTIVITY INVOLVING MOTION OR HEIGHT CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. PARENTS AND PARTICIPANTS SHOULD BE AWARE THAT INJURY IS POSSIBLE IN CONNECTION WITH THIS OR ANY OTHER ATHLETIC ACTIVITY.

PLEASE INITIAL THE FOLLOWING POLICIES:

____ You are registering for a **16 week** session. You must pay the full session price regardless of whether or not you attend the entire session. Pro-rated amounts will be given if you start late.

____ **Half of tuition is due the first day of class (second class for trials) and the second half is due by October 1.**

____ If your child misses class for any reason, there will be **NO** reduction in tuition. There will be only one make up class offered during the session, which you schedule through the office.

____ No refunds for classes or pro shop items. Only exception is a doctor's note.

____ All class fees are due by the posted date. If your payment is late there will be a 15% late charge added to your account. If your payment has not been received within 90 days, GCGT holds the right to send your account to a collection agency.

____ We email monthly newsletters to better update families of events and deadlines happening at the gym. Please read this monthly email to ensure you are up-to-date on gym happenings.

____ If you want to make a payment and there is no one in the office, you may place your check in the brown box to the right of the office door or mail the payment.

____ There are certain holidays that the gym will be closed for each session. The monthly newsletter will indicate those dates at the beginning of each month. There is also a list of dates that the gym is closed posted in the pro shop and on our website.

____ In case of inclement weather our best efforts will be made to update our website, social media accounts, voicemail, and place a sign on our front door. **OUR WEATHER POLICY STATES THAT IF QUINCY PUBLIC SCHOOLS LET OUT EARLY/CLOSE DUE TO BAD WEATHER, WE ALSO CLOSE.**

I HAVE READ AND AGREE WITH ALL OF THE ABOVE STATEMENTS AND POLICIES.

Parent or Guardian Signature: _____ Date: _____