



2023-2024

Aspire Gymnastics & Fitness is offering



Recreational Gymnastics Fitness Classes
1st-12th Grade -Grouped by experience
 * *All Around Gymnastics (60-90 min)*
 * *Tumble and Trampoline Classes (60 min)*
 * *Ninja (60 min)*
 * *Adult Fitness (60 min)*

Pre-School Gymnastics
18 mo. - Kindergarten
 Grouped by age:
Hummingbirds & Kiwis (50 min)
Penguins & Falcons (60 min)

Gymnastics and Ninja Class Tuition

50-minute class \$64.00 per 4-week session
 60-minute class \$76.00 per 4-week session
 75-minute class \$95.00 per 4-week session
 90-minute class \$110.00 per 4-week session
Adult Fitness \$80.00 per 4-week session

Registration Fees:

One Student \$50.00 Siblings \$75.00 (total)

Tuition for the first and last sessions along with the registration fee is due at the time of registration.

Your payment at registration can be made by check, cash, credit or debit card

Schedule your monthly tuition payment to be automatically deducted from your bank account, or charged to your credit card the 21st of each month.

***Late Fee of \$10.00 will be charged after a 7-day grace period**

Enrollment Benefits

- *Twenty Dollars off a Birthday Party*
- *10% off second class*
- *Sibling discounts- 10% off tuition*
- *\$10.00 credit for referring new students*
(Must let secretaries know who you referred)

Aspire Gymnastics & Fitness
50 Halstead Blvd., Unit 12D
Zelienople, PA 16063
Phone: 724-473-0073

Email: Aspiregymnasticsfitness@gmail.com
Facebook: [AspireGymnastics&Fitness](https://www.facebook.com/AspireGymnastics&Fitness)



REGISTRATION FORM

Mother/Guardian: _____ Cell Phone: _____

Address _____

Work Phone: _____ Email Address: _____

Father/Guardian: _____ Cell Phone: _____

Address (if different) _____

Work Phone: _____ Email Address: _____

Parent/Guardian responsible for payment: _____

Email Address: _____

Emergency Contact Name and phone: _____

Child's Name _____

DOB: _____ Age at registration: _____ Gender: _____

Describe any medical or other problem we should be aware of: _____

Child's Name _____

DOB: _____ Age at registration: _____ Gender: _____

Describe any medical or other problem we should be aware of: _____

Child's Name _____

DOB: _____ Age at registration: _____ Gender: _____

Describe any medical or other problem we should be aware of: _____

Please indicate below how you heard about Aspire Gymnastics & Fitness:

Facebook _____ Instagram _____ Flyer _____ Birthday party _____ Web page _____

Friend Referral _____ Name _____

For Office Use Only:

Class _____ Day _____ Time: _____ Start Date _____ Coach _____

Class _____ Day _____ Time: _____ Start Date _____ Coach _____

Class _____ Day _____ Time: _____ Start Date _____ Coach _____



2023-2024

Monthly Debit Tuition Payments:

**Please note below that session payments are due on the 21st of each month.
After a 1-week grace period, a \$10 late fee will be applied.**

Session 1: Aug. 28- Sept. 23 due @Reg _____

(Closed Sept. 4 for Labor Day-Will have a make up class)

Session 2: Sept. 25- Oct. 21 Sept. 21 _____

Session 3: Oct. 23- Nov. 18 Oct. 21 _____

Session 4: Nov. 20-Dec. 16 Nov. 21 _____

(Closed Nov. 23 for Thanksgiving Day-Will have a make up class)

Session 5: Dec. 18- Jan. 20 Dec. 21 _____

(Closed Dec 24-Jan 1—1 make up class will be given to the Monday classes)

Session 6: Jan. 22- Feb. 17 Jan. 21 _____

Session 7: Feb. 19 - Mar. 16 Feb. 21 _____

Session 8: Mar. 18- Apr. 20 Mar. 21 _____

(Closed March 29-April 4)

Session 9: Apr. 22- May 18 Apr. 21 _____

Session 10: May 20- Jun. 15 May 21 _____

(Closed May 27 for Memorial Day-Will have a make up class)

Session 11: Jun. 17- Jul. 13 Jun. 21 _____

(Closed July 4 for Independence Day-Will have a make up class)

Session 12: Jul. 15-Aug.10 Paid @ registration _____



50 Halstead Blvd., Unit 12D, Zelienople, PA 16063
724-473-0073; Email: Aspiregymnasticsfitness@gmail.com
Facebook: AspireGymnastics&Fitness

Enrollment Benefits

- **\$10.00 Credit for referring new clients ******(Must advise the secretary who you referred.)**
- **Family Discount on registration- 10% off siblings, 10% off second class**

Rules & Policies:

1. No one is permitted in the gym without an instructor.
 2. All directions given during class must be followed. Due to safety concerns, failure to comply can result in a warning, sitting out or the student may be asked to leave for the day.
 3. Please respect the common areas: Clean up all messes. No outside food or drink. Do not block traffic to neighboring businesses. Chairs must remain in Aspire Gymnastics & Fitness Lobby.
 4. No horseplay, tumbling or physical contact of any kind is allowed in the gym or waiting areas.
 5. No food, drink, or chewing gum is permitted in the gym.
 6. Boys attire: gym shorts (no jeans) and a fitted shirt. Girls attire: leotard or athletic shorts/shirt. No tights or loose t-shirts. Long hair must be pulled back.
 7. Students must ask permission to use the restroom or get a drink. Never leave the gym unannounced.
 8. If child has plans to ride home with someone other than a parent, please inform the front desk.
 9. Students age 8 and under must be picked up inside the building.
 10. ALL students must wait in the lobby for the parent. Do not enter the parking lot.
 11. Parents are not permitted to distract children during class.
 12. Students are expected to pay attention during class.
 13. Children may not be alone in the gym with only one instructor present.
 14. Please leave valuables at home. Aspire Gymnastics Fitness is not responsible for lost or stolen items.
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Make-up policy: When Aspire Gymnastics & Fitness is closed for holidays, you will receive a makeup (with the exceptions of Christmas & Easter as those are built into the sessions). This entitles your child to one make-up class for that holiday. **Missed classes are not refunded or credited.** You are **paying for your child's space in the class**, not the number of classes they attend. Each student will receive five general make-ups for 12 sessions. Please call ahead or check with the front desk to schedule a make-up class. Summer sessions offer unlimited make-ups.

When school is closed or delayed due to weather, a determination of whether to hold classes will be made that day. Please understand we are placing student and staff safety first. Please check our Facebook page for any closure or modified schedules due to weather. If classes are canceled, your child will receive a make-up day for that canceled class.

Holidays: Aspire Gymnastics & Fitness is closed for the following holidays:

Labor Day	Easter Break (March 29-April 4)
Thanksgiving Day	Memorial Day
Christmas Break (Dec 25-Jan 1)	July 4 th

Withdrawals: Withdrawals must be made two weeks before a new four-week session begins. No withdrawals within a session. We offer a two-week money back guarantee to new students only. Registration fee is not refundable or transferable. All auto debit credits will have a 4% processing fee.



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa or MasterCard. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize **Aspire Gymnastics & Fitness** to charge my credit card
(full name)

indicated below in the amount of \$ _____ on _____ for the initial registration payment and \$ _____ on the 21st of each month for the tuition payment.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

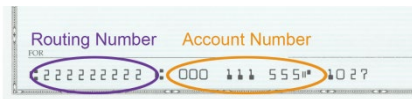
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Discover American Express

Cardholder Name _____

Account Number _____

Exp. Date _____

Zip Code _____

3 digit Code _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Aspire Gymnastics & Fitness, LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that there is a \$10.00 late fee for late payments past the 7-day grace period. I understand that if my credit/debit card declines, there will be a 5% processing fee added to the payment for each decline. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Aspire Gymnastics & Fitness, LLC** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$10.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



ASPIRE GYMNASTICS & FITNESS WAIVER 2023-2024

As the parent or legal guardian of the listed person(s), I hereby consent to the named person(s) participating in the programs offered by Aspire Gymnastics & Fitness. I recognize that potentially severe injuries including virus, sprains, broken bones, paralysis, or death can occur in any activity involving height or motion, including gymnastics.

I UNDERSTAND AND ACCEPT THIS RISK.

I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the trampoline.

I fully understand that this activity involves risk which may be caused by the actions or inactions of those participating in the event, the condition in which the event takes place, or the negligence of the releases named below, and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost and damages incurred as a result of participation in the Activity.

I further realize that while payment of tuition and registration fees constitutes a part of the consideration due to Aspire Gymnastics & Fitness for allowing my child to use the facilities and equipment at Aspire Gymnastics & Fitness, an additional part of the consideration is this signed release form.

Therefore, in consideration for allowing my child to use the Aspire Gymnastics & Fitness equipment and facilities, I hereby release, discharge and covenant not to sue Aspire Gymnastics & Fitness, its respective owners, administrators, officers, employees, teachers and coaches from all liability for any and all damage, illness and injuries suffered by my child while under the instruction, supervision or control of Aspire Gymnastics & Fitness its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of Aspire Gymnastics & Fitness. In addition, I confirm that my child has been examined by a physician who has cleared them for unrestricted participation in these activities.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent.

Aspire Gymnastics & Fitness will take every precaution and follow all guidelines for cleaning and social distancing. While we take our responsibility to your family seriously, we can in no way guarantee that you or your child will not contract a virus while in our facility.

ASPIRE GYMNASTICS & FITNESS RESPONSIBILITIES:

- Making sure all who enter and leave have sanitized their hands.
- Clean in between, during and after all classes. The use of products will include bleach, Lysol and other cleaning products. We cannot guarantee a child may not come in contact with any of these products.
- Symptom checks of employees and gymnasts as needed.
- Spotting will not be available unless in case of preventing an injury.
- Smaller class sizes

PARENT/CHILD RESPONSIBILITIES:

- Gymnast will not attend class if they have had a fever or cough in the last 24 hours. A sick child will be sent home immediately.
- There will be 1 viewing spot available per family in the viewing area at this time. Parents can also wait in cars or come back at the appropriate time.
- Arriving with hair up, workout clothes/leotard on and a water bottle marked with your gymnast's name.
- Gymnasts will not be able to touch other gymnasts or coaches.
- Payment must be made promptly by the 21st to maintain space within class.
- You may send your child wearing a face mask if you choose.
- There will be 5 permitted make up classes per year.

My child's picture may be used in Aspire Gymnastics & Fitness social media posts, ads and on web page:

yes ___ no _____

I have read and understand this Membership Contract and it is being signed voluntarily. I agree to the above Membership Contract in its entirety.

Student Name

Student Name

Student Name

Parent/ Guardian Signature



**CONSENT FOR MEDICAL/SURGICAL CARE
EMERGENCY TREATMENT AND
CHILD'S MEDICAL INFORMATION**

In presenting my son/daughter for diagnosis and treatment

NAME _____ **for** _____
___ Mother ___ Father ___ Legal Guardian (Student's Name)

Of ___ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusion, by authorized members of the hospital staff of their delegates, as may in their professional judgment, be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand its contents.

We/I hereby give our (my) consent to Aspire Gymnastics & Fitness, who will be caring for our (my) child _____ for the period 2023-2024, to arrange routine or emergency medical, dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name _____ Family Physician _____

Insurance Telephone # _____ Pediatrician _____

Child's Allergies _____

Date of last tetanus booster _____

Medication the child is taking _____

Health Insurance Carrier _____

Group No. _____

I.D. # _____

Signature _____

(Mother, Father, Legal Guardian)

Date _____