

Name: _____

Birthdate: _____ Age: _____ Grade: _____ Gender: M F

1st Class Choice: Day _____ Time: _____

2nd Class Choice: Day _____ Time: _____

Please list any special requests:

Instructor/Friends/etc.: _____

Previous Gymnastics Training? No Yes

Name of Gymnastics School: _____

Please check all that apply:

Does your child take any medication regularly? No Yes

Name the medication and give dosage: _____

What condition is this medication for? _____

- Asthma
- Allergies
 - Food Bee Sting Other

(Describe) _____

Fainting Spells, Epilepsy or Seizures (Describe): _____

Diabetes

Heart Murmurs or Other Conditions

Kidney Disorder

Perceptual Disorders (including hearing)

Eyeglasses (Should they be worn during their lesson? No Yes)

Contact Lenses (Should they be worn during their lesson? No Yes)

Dental Appliances (braces, retainers, other). Describe _____

(will it be worn during classes? No Yes)

Hearing Aids

Other (Describe) _____

My signature below validates that my child is able to participate in gymnastics

Any child returning after an injury on or off premises must submit a doctor's note to participate in any program.

I HAVE READ AND AGREED TO ALL THE RULES STATED IN ALL PARAGON LITERATURE & POSTED SIGNS

PARENT/GAURDIAN SIGNATURE X _____ DATE _____

DO NOT WRITE BELOW: OFFICE USE ONLY



STUDENT #1
OFFICE USE ONLY

Class Day: _____

Class Time: _____

Instructor: _____

On board Post- It

ProSchool Entries

Client Information _____ Student Information _____ Class/Enrollment Information _____

CC Information _____ Charge Information _____ Payment Information _____

Notes: _____

BOARD: Checked against board

STUDENT #2
OFFICE USE ONLY

Class Day: _____

Class Time: _____

Instructor: _____

On board Post - it

Name: _____

Birthdate: _____ Age: _____ Grade: _____ Gender: M F

1st Class Choice: Day _____ Time: _____

2nd Class Choice: Day _____ Time: _____

Please list any special requests:

Instructor/Friends/etc.: _____

Previous Gymnastics Training? No Yes

Name of Gymnastics School: _____

Please check all that apply:

Does your child take any medication regularly? No Yes

Name the medication and give dosage: _____

What condition is this medication for? _____

- Asthma
- Allergies
 - Food Bee Sting Other

(Describe) _____

Fainting Spells, Epilepsy or Seizures (Describe): _____

Diabetes

Heart Murmurs or Other Conditions

Kidney Disorder

Perceptual Disorders (including hearing)

Eyeglasses (Should they be worn during their lesson? No Yes)

Contact Lenses (Should they be worn during their lesson? No Yes)

Dental Appliances (braces, retainers, other). Describe _____

(will it be worn during classes? No Yes)

Hearing Aids

Other (Describe) _____

My signature below validates that my child is able to participate in gymnastics

Any child returning after an injury on or off premises must submit a doctor's note to participate in any program.

**CONSENT TO TREAT
AGREEMENT**

I HEREBY RELEASE THE PARAGON STAFF TO RENDER FIRST AID TO MYSELF, OR ANYONE ON PARAGON’S PREMISES THAT ARE UNDER MY CARE, HAVE ACCOMPNAIED ME TO PARAGON’S FACILITY, OR ARE ACTING ON MY BEHALF AT PARAGON’S FACILITY, IN THE EVENT OF AN INJURY BY CALLING AN AMBULANCE FOR SAID STUDENT SHOULD THE PARAGON STAFF DEEM THIS TO BE NECESSARY. I FULLY UNDERSTAND THAT THE PARAGON GYMNASTICS STAFF MEMBERS ARE NOT PHYSICIANS OR MEDICAL PRACTICIIONERS OF ANY KIND.

My signature below confirms that I have read, understand, and agree to the payment due date, make-up, and late fee policies and also have read, understand and agree to the Consent to Treat Agreement as stated in this document. **I further understand that these policies are non-contestable.**

X

Signature

Print Name: _____

Date

**Payment Policy-Agreement & Warning
Continued...**

Classes & In-House Team:

An annual registration fee is required for participation in all programs. Payment in full for each pay period thereafter, is due on or before the first day of class.

A 5% late fee is applied to any remaining balance after the third week of each class period.

USAG Competitive Team:

An annual registration fee and payment in full for each month thereafter, is due on or before the first day of each month’s practice.

A 5% late fee is applied to any remaining balance after the third week of each month.

Private Instruction

An annual registration fee and payment in full for each lesson thereafter, is due on or before each private lesson.

To avoid being billed, for an **unattended** session, cancellation of a scheduled private lesson is **required 24 hours prior to the lesson.**

Any private instruction that has been scheduled and is **unattended** by the student **is** billed as usual.

**Payment Policy – Agreement and
Payment Policy- Agreement and
Warning**

Paragon **NEVER** locks you in. Our billing cycles are comprised of **“short”** 6-Week billing cycles;

BUT....

**IF YOU WOULD LIKE TO
CANCEL OR DISCONTINUE
YOUR ENROLLMENT...**

**YOU MUST TELEPHONE OR E-MAIL
THE OFFICE TO DISCONTINUE
BILLING, OTHERWISE BILLING WILL
CONTINUE.**

**ALL STUDENTS MUST BE ACTIVELY
ENROLLED TO PARTICIPATE IN ANY
PROGRAMS, SHOWS, OR MAKE-UP
CLASSES.**

A 5% late fee is applied to any remaining balance. 100% refund for cancellation one week before the first class of each billing period of team training month. Cancellation of class during the first or second week will be prorated accordingly. No refund after the third class of any bill period. We do not refund for snow days or closings due to circumstances beyond our control. Only one make-up class per billing period is permitted. Consideration for additional make ups will be made for extended illness. You must be enrolled to participate in a make-up class.

Students will not be admitted to class or team practice if their account has a remaining balance exceeding \$300.00. Balances that remain unpaid after 2 reminders are sent to a collection agency.

There is a \$25.00 fee for returned checks.