SESSION 2- BEGINS NOV 12th
PLEASE RETURN THIS FORM
NO LATER THAN OCT 28th

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2026-2027
REGISTRATION RENEWAL AGREEMENT

CHILD'S NAME:_____

CURRENT CLASS: #_____ DAY:_____ TIME:_____

_____ PLEASE KEEP MY GYMNAST IN THE CLASS CURRENTLY ENROLLED IN:

_____ IF AVAILABLE, PLEASE CHANGE CLASS DAY/TIME TO:

1ST PREF: _____ _____ _____
Class # Day Time

2nd PREF _____ _____ _____
Class # Day Time

IF DESIRED CLASS CHANGE IS **NOT** AVAILABLE (Check One):

_____ PLEASE KEEP ME IN THE CLASS I'M CURRENTLY IN AND PLACE ME ON THE WAITING LIST FOR CLASS(es) INDICATED ABOVE.

_____ PLACE ME ON WAITING LIST ONLY. I CANNOT CONTINUE ATTENDING THE CLASS I'M CURRENTLY ENROLLED IN.

_____ PLEASE **RENEW** MY ENROLLMENT AGREEMENT TO EXTEND FOR THE NEXT ***9 WEEK SESSION*** AT A SESSION RATE OF $_____ **OR**:

_____ PLEASE **CHANGE** MY SESSION ENROLLMENT AGREEMENT TO BECOME A ***YEARLY ENROLLMENT AGREEMENT***. THIS AGREEMENT WILL THEN EXTEND FROM THE DATE BELOW THRU JUNE 2027. THE ABOVE REGISTRANT IS OBLIGATED TO ATTEND WEEKLY CLASSES FROM THIS DATE AND PARENT/GUARDIAN WILL PAY FOR THEM AT A MONTHLY RATE OF $_____ WHETHER IN ATTENDANCE OR NOT. IF THE ENROLLED STUDENT DECIDES TO LEAVE FOR ANY REASON, PARENT/GUARDIAN IS STILL OBLIGATED UNTIL THE END OF JUNE 2027 FOR TUITION COST, **UNLESS WAIVED BY THE DIRECTOR ALONE**.

MY PAYMENT IS ENCLOSED OR CHARGE MY MASTERCARD/VISA/DISCOVER CARD.

MASTERCARD/VISA/DISCOVER ACCT#_____

EXP.DATE:_____ CVV#_____ NAME ON CARD:_____

_____ PLEASE DO **NOT** RENEW MY ENROLLMENT THIS SESSION.

AGREED TO:_____ **DATE:**_____