



GYMNASTICS

WORLD TEAM

AGREEMENT AND FEE FORMS 2016-2017

The following rules, policies, fee schedules, and payment procedures are in effect starting **June 1, 2016 through May 31, 2017**. Please read and understand all the information contained in this packet.

The packet is organized in the following sections to help guide you through the process:

ALL FORMS AND FEES MUST BE RETURNED TO THE OFFICE BY
May 31st, 2016.

Team Agreement Form pg. 1

- Payment Policy pg. 2
- **Gymnastics Team Annual Processing Fee pg. 3**
- **Team Fund Program pg 4**
- **AutoPay form for Team Fund Account pg. 5**
- **AutoPay form for Tuition Payments pg. 6**
- **Payment Procedures Overview pg.7**
- **Medical Emergency Form pg. 8**
- **Auto-Pay Authorization Forms pgs. 9-10**

Please read and complete the following information in all the sections. Make a copy for your records or ask us for a copy. Return all forms and fees to the desk by May. 31st, 2016.

GYMNAST'S NAME: _____

I agree that signing and **returning this form**, that I have carefully read, understood and agree to the contents of this 2016-2017 Gymnastics World Team Agreement and Fee Form Packet and the 2016-2017 Team Handbook.

Parent(s) Signature: _____ DATE: _____



Payment Policy

Below is an explanation of our Payment Policies and Procedures.

- On or around the first of the month, Gymnastics World will run your account for Tuition or other fees that may be due.
- If your card is expired or declined, you will receive an email to let you know.
- **You will be given 48 hours to contact Gymnastics World to correct the issue or a \$10.00 late fee will be charged to your account.**
- If by the 10th of the month we have not been contacted by you, you will be required to visit the front desk and set up a delinquent account payment plan and an additional \$15.00 will be charged to your account.
- **If your account falls a month behind, you will be notified to not bring your athlete into practice until a delinquent account payment plan has been set up or the balance has been paid in full.**
- All delinquent account payment plans that are not followed will be required to have a meeting with the management.

The same policies will be applied to your Team Fund Account with the additional understanding that your athlete will not be entered into any competition if your team fund account is delinquent.

Sign: _____ Date: _____



➤ GYMNASTICS TEAM ANNUAL PROCESSING FEE

As we have done for the past 23 years, an annual fee is charged to all team members. Please understand the following:

- This payment must be paid by May 31st, 2016 or a \$30.00 Late Fee will be applied and your athlete will not be able to participate in practice until this fee is paid in full.
- **Please be aware that this fee is 100% non-refundable** as it reflects your commitment to be a part of our team program for the next 12 months commencing June 1, 2016.
- This fee covers all required memberships, dues, insurances, etc. for the athletes and a portion of the required coverages for their coaches. It also covers special related expenses for athletes and staff as well as additional secretarial time and costs.
- Staff hiring, group assignments, practice scheduling, meet schedules etc., are all based on the number of athletes we have in our program, hence the need to require payment by May 31st, 2016.

GYMNASTICS TEAM ANNUAL PROCESSING FEES, BY TEAM LEVEL

| <u>TEAM LEVEL</u> | <u>WITH ONE FAMILY MEMBER</u> | <u>WITH 2 OR MORE</u> |
|-----------------------------------|-------------------------------|---------------------------------------|
| Girls, 3,4-5-6-7-8-9-10, Jet 2-3: | \$350.00 | \$280.00 per Additional Team Child |
| Boys, 5-6-7-8-9-10: | \$350.00 | \$280.00 per Additional Team Child |
| Jets 1, PETS, BETS | \$220.00 | \$180.00 per |

Additional Team Child

Please initial that you have



read and understood this page:



GYM WORLD TEAM FUND

Quite a few years ago we established a special bank account to accommodate the needs of our team program. With our 2016-17 team roster including over 200 athletes, the task of managing meet entry and meet expense fees is overwhelming. Since the cost of competitions is *separate* from your monthly tuition accounts, we need a system for collecting and distributing meet expenses. By pre-collecting each gymnast's anticipated meet expenses, we can enter meets in a timely fashion.

Since we cannot enter your child into a meet if the funds are not available please understand the following: Two options of Payment

1. All families must be on AUTO-PAY for the Team Fund Account
2. Payment must be made in full, for the entire balance currently required, by your first payment due date, for your respective level. (See payment schedule below)

As the season progresses, we use your money to enter your athlete into meets. Following each meet, a prorated share of coaching expenses is debited from your account. At the end of each competitive season, we will provide you with a final statement, showing either a positive or negative balance. Negative balances must be settled quickly. If you have a positive balance, you may request a refund, apply to tuition, applied to your Annual Processing Fee or have it held in your account for next year.

The amount we collect is an estimated amount. The actual costs may vary by 20%, either way.

The schedule of payments shown below includes all regular season meets. **Regional, National or special event meets involving bus trip or "fly to" events are not included in the anticipated expenses. Additional monies will need to be deposited should this events occur for your athlete.**

For your convenience, we have staggered the payments over a several month period.

On or about the PAYMENT DUE DATES shown below, we will debit your credit card/checking account the amount shown for your child's team level.

| <u>TEAM LEVEL</u> | <u>AMOUNT OF EACH PAYMENT</u> | <u>PAYMENT DUE DATES</u> |
|--------------------------|-------------------------------|--------------------------------------|
| Levels 6-7-8-9-10 Girls: | \$200.00 | 7/15, 8/15, 9/15, 10/15, 11/15, 1/15 |
| Level 4,5 & Jet 2: | \$175.00 | 7/15, 8/15, 9/15, 10/15, 11/15, 1/15 |

Level 3
 9/15, 10/15, 11/15, 1/15
 High School Girls:
 9/15, 10/15, 11/15
 Level 7-8-9-10 Boys:
 9/15, 10/15, 11/15, 1/15
 Level 5, 6 Boys:
 9/15, 10/15, 11/15, 1/15



\$175.00 7/15, 8/15,
 \$100.00 7/15, 8/15,
 \$150.00 7/15, 8/15,
 \$125.00 7/15, 8/15,

(None of these fees allow for

To” meets)

Regional, National, Bus Trips or “Fly

AUTOPAY AUTHORIZATION FORM FOR TEAM FUND ACCOUNT

Initial_____ I hereby authorize Gymnastics World, Inc. dba, Gymnastics World of Twinsburg, to debit the **current credit card, debit card, checking or savings account** that I have on file at Gymnastics World Inc., dba, Gymnastics World of Twinsburg the amount due for my athlete(s) team fund account.

I understand that this will be debited on or about the **15th** of each month, according to my athlete(s) required payment schedule..

I therefore understand that this credit card/debit card, checking or savings account will be used for all TEAM FUND ACCOUNT related expenses commences on June 1, 2016 and will continue until we receive written notification to cease this authorization.

*I understand that this approval is null and void when and if I notify GWI dba, GWof T, **in writing** prior to the 15th of any month, of our intent to withdraw from the team program or it is decided by GWI/GWT that my child(ren) will not be participating in gymnastics competitions.*

Signature: _____

Date: _____

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*If you are a NEW like to change your that you have on file, **9-10** of this packet to forms provided.



team member or would credit card or bank draft please proceed to **page** fill out the authorization

AUTOPAY AUTHORIZATION FORM FOR TUITION

I hereby authorize Gymnastics World, Inc., dba Gymnastics World of Twinsburg to debit **current credit card, debit card, checking or savings account** that I have on file currently at Gymnastics World Inc., dba Gymnastics World of Twinsburg, the amount due for my athlete(s) team tuition. I understand that this will be debited on or about the **first** of each month, commencing June 1st, 2016 and will continue until we receive written notification to cease this authorization.. *At the end of each month, GW, Inc, dba Gymnastics World of Twinsburg is authorized to debit your credit card the exact amount owed to us for any retail purchases made that month, i.e. tape, pre-wrap, wristbands, etc. ., and any debts related to all tuition based issues. This will include past balances. Although we are not obligated, Gymnastics World Inc., dba Gymnastics World of Twinsburg will communicate the intent to charge any debt above your prescribed tuition fees in excess of \$100.00.*

*I understand that this approval is null and void when and if I notify GWI/ GWT, in writing, **prior** to the 1st of any month, of our intent to withdraw from the team program.*

The processing of your credit card payments may be a day or so prior to or following the first of the month, depending on holiday closures, etc.

Signature: _____

Date: _____



PAYMENT PROCESS OVERVIEW

We request all Team Member families use **AutoPay** for tuition and **require** it for your Team Fund Payments

We requiring **ALL** Team families pay their Team Fund payments using **AutoPay** with Credit Card, Debit Card or Bank Draft on File. Your **Team Fund** payment will be drawn on the **15th** of prescribed months (see Team Fund sheet for those months). Your only other option would to pay in “full” by the first scheduled date. Clients may opt out of **AutoPay for tuition only**, by using alternate means with a slight up charge of \$10.00 per month. Your **Tuition** payment will be drawn on the **1st** of every month and your **Team Fund** payment will be drawn on the **15th** of every month.

10% Family Discount

Your family pays only one **tuition** at full fare and then we deduct 10% per child, from all lesser tuitions.

Team is a YEAR ROUND commitment regardless of attendance

Tuition is calculated on a yearly basis and then divided by 12 months to arrive at a monthly amount paid on the **first day of each month**. It is important to make this next point clear: team members do not get to move onto and off the team, nor will tuition be prorated because of illness, injury*, vacations, camps, schedule conflicts, or the like.

*Injured athletes are expected to continue training.

Injuries are a part of gymnastics and athletes can participate in practice to the extent possible. It is usually possible to work around an injury and turn a weakness into strength by increased conditioning, flexibility, or specific skill work. If an injury extends over 2 weeks, please visit our front desk, ask for a medical credit form and return that form to the front desk. At that point, GWI will review your situation and decide on a possible reduction in tuition based on your current tuition.

Tuition is based off of 48wks/year

You can **expect** to have a limited number of practices cancelled due to holidays, competitions, and rest days after some competitions, inclement weather, etc. This has already been calculated in, as all tuitions are based on 48 weeks of training, meaning there are four weeks you are not paying for, more than enough to make up for any cancelled practices.

Team Fund, Tuition, and your Annual Processing Fee are 3 separate Fees.

Please be clear on this point: **Team Fund, Tuition payments and Annual Processing Fee** are three separate payments. As your tuition pays for training time in the gym, your Team Fund payments are for competitions fees and your Annual Processing Fee is 100% non Refundable. **Team Fund payments** are due on the 15th of every month required for your specific team level. It is required that all team members use **AutoPay** for Team Fund payments. Team Members may opt out of **AutoPay** if their Team Fund is paid **in full** by the first required payment date, which is usually July 15th.

**GYMNASTICS WORLD'S TEAM MEMBER MEDICAL EMERGENCY
INFORMATION FORM 2016-2017 (Required to have on file)**

GYMNAST'S NAME: _____ **D.O.B.:** _____

**GYMNAST'S
ADDRESS:** _____ **CITY** _____ **STATE** _____ **ZIP** _____

PARENT/GUARDIAN NAME(S): _____

HOME PHONE :(____) _____ **CELL #:** (____) _____

Home Address of Parent if different from gymnast's:

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

FATHER'S PLACE OF EMPLOYMENT: _____

FATHER'S WORK PHONE NUMBER: (____) _____

MOTHER'S PLACE OF EMPLOYMENT: _____

MOTHER'S WORK PHONE NUMBER: () _____

MEDICAL INSURANCE INFORMATION

NAME OF CARRIER: _____

NAME OF EMPLOYER IF THIS IS A GROUP POLICY: _____

LIST BY NAME, ALL GROUP AND POLICY NUMBERS SHOWN ON YOUR CARD:

FATHER'S

MOTHER'S

Name on Card: _____

Name on card: _____

Signature of Card Holder: _____

Signature of Card Holder: _____

By signing this above, I/We understand that this information will be included in the event of an emergency, and I/we cannot be reached, the treating hospital/emergency center will have the necessary insurance information.

Relationship to gymnast named on top of form: _____

Date signed: _____

AUTOPAY AUTHORIZATION FORM FOR TEAM FUND ACCOUNT

Initial _____ I hereby authorize Gymnastics World, Inc. dba Gymnastics World of Twinsburg, to debit my account (shown below), the amount due for my child's team fund account. I

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understand that this will be debited on or about the **15** of each month, according to my child(s) required payment schedule. *I understand that this approval is null and void when and if*

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I notify GWI, in writing prior to the 15 of any month, of our intent to withdraw from the team program or it is decided by GWI that my child(s) will not be participating in gymnastics competitions.

**The processing of your credit card payments may be a day or so prior to or following
th
the 15 of the month, depending on holiday closures, etc.**

ALL FAMILIES MUST HAVE A VALID CREDIT OR DEBIT CARD OR BANK DRAFT NUMBER
ON FILE

EMAIL (Required): _____

GYMNAST'S NAME: _____

**CARD HOLDER'S PRINTED
NAME:** _____

**CARDHOLDER'S
SIGNATURE:** _____ **DATE:** _____

Relationship to gymnast: Parent _____ **Grandparent** _____ **Other** _____

CARD NUMBER: _____

EXP. DATE: _____

**Be assured that all Banking Rules & Regulations regarding security have been and will
always be, followed.**

V CODE ON BACK OF CARD (LAST 3 DIGITS) _____ **THIS IS REQUIRED.**

YOUR BILLING ADDRESS ZIP CODE: _____

YOUR BILLING ADDRESS, NUMBERS ONLY, NOT STREET : _____

TYPE OF CARD: _____ **VISA** _____ **MASTERCARD** _____ **DISCOVER** _____ **AX**

**PLEASE REMEMBER TO UPDATE THIS INFORMATION IF YOUR CARDS EXPIRATION
DATE CHANGES OR YOU WISH TO USE A DIFFERENT CARD.**

For Checking or Saving Account, please turn to next page.

FROM CHECKING/SAVINGS ACCOUNT: TEAM FUND ACCOUNT

I (we) hereby authorize, herein called Company, to initiate debit entries to my
(our):

“Checking Account /” Savings Account (select one) indicated below at the
depository financial institution named below, herein called DEPOSITORY, and to
debit the same to such account. I (we) acknowledge that the origination of ACH
transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:

Branch:

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and depository a reasonable opportunity to act on it.

EMAIL (Required): _____

Name(s): _____ Date: _____

Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Checklist of items to Do:

1. Read and review the Team Handbook as well as the Team Agreement and Fee Forms
2. If you have money left over in your Team Fund Account, contact LYNN BACHNA at: bachna@att.net Request with her to transfer your money to be applied to your Annual Processing Fee
3. Turn in your signed Agreement and Fee Forms at the desk by May 31st.
4. Pay your Annual Processing Fee via your customer portal or notify the front desk to debit your card on file to cover the Annual Processing Fee by May 31st or a \$30.00 Late Fee Will be applied to your account.