



www.orlandometrogyms.com

Avalon Park
14170 E. Colonial Dr
Orlando, FL 32826
Ph: (407)207-4110
Fx: (407)207-0611

Baldwin Park
4915 New Broad St.
Orlando, FL 32814
Ph: (407)644-0847
Fx: (407)644-7738

Lake Mary
1180 Emma Oaks Trail
Lake Mary, FL 32746
Ph: (407)333-0907
Fx: (407)

LB McLeod
4658 L. B. McLeod Rd
Orlando, FL 32811
Ph: (407)246-1200
Fx: (407)246-1586

Primary Phone # ( ) -

1st Child Full Name M/F DOB Class

2nd Child Full Name M/F DOB Class

3rd Child Full Name M/F DOB Class

Parent/Guardian Full Name Email

Address City State Zip

License# Employer Work # Cell#

Emergency Contact Emergency#

Allergies/Medical Conditions

Tuition Payment Option (initial your selection)

- Monthly Payment Plan (due on the 1st)
3 Month Payment Plan (5% discount)
6 Month Payment Plan (7% discount)
Yearly Payment Plan (10% discount)

I understand the 30 day Drop Policy applies regardless of the payment option I have selected above.

FOR OFFICE USE ONLY

Annual Registration

1st Child Tuition

2nd Child Tuition

Total Fees Due Today

Registered by: Date:

I authorize Orlando Metro Gymnastics to bill my credit card ending in for any current or past due balance on my account per the policies listed below.

Signature: Date:

I request Monthly Automatic Charge to my credit card on file ending in.

Signature: Date:

\*\*Please hand credit card to front office staff upon registration regardless of Auto Pay selection\*\*

(Initial Each Line) Orlando Metro Gymnastics Policies

Tuition is due on the 1st day of the calendar month for gymnastics and swim lessons. A 10% Late Fee is added on the 6th of the month. Past due balances will automatically be charged to your credit card on file on the 6th of the month. Delinquent accounts will be filed with credit bureau.

Annual Registration fee and Tuition are Non-Refundable. Annual Registration fee will automatically be charged to your credit card on file automatically on the 1st day of your renewal month.

A \$30 NSF will be charged on returned checks. A valid credit card is required for registration. There is a 3% processing fee if a refund situation should occur.

One make up class may be scheduled for every two missed classes. Make ups must be scheduled within 60 days of missed classes. Make ups cannot be done after you have dropped classes. Classes are held year round based on the Orlando Metro Calendar. Make ups will be scheduled based on Orlando Metro availability/schedule. Swim Private Lessons are for 1 missed class you get 1 make up in a group class.

There are no make ups or tuition credits for missed and/or cancelled classes due to natural disasters and/or acts of god.

I understand and agree I am obligated to give a "30 day written drop notice" on the 1st day of the calendar month prior to the month dropping. I agree to pay one month full tuition if written notice not given. This applies to ANY drop at ANY time. I understand there are NO exceptions to this policy. Drop notices are only accepted in person. No fax, email or postal service delivery will be accepted.

Account must be paid current in order for students to participate in class.

Gymnast may lose spot in preferred class if account is not paid on time however this does not alleviate financial obligations.

PreSchool Parents are required to stay in the lobby while their child(ren) participate in class.

All parents must be in lobby to pick child up no later than 10 minutes prior to class ending. We are not responsible for your child once class is dismissed.

I understand participation in gymnastics, cheerleading, and swimming involve motion, rotation, and height and carries with it a risk of injury or death. I am voluntarily registering my child (ren) for this activity. I understand any medical expenses related from participation in these activities are my sole responsibility. I give permission to Orlando Metro Gymnastics to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a families image or voice for the purpose of promoting or advertising.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Who should we thank for your Referral?