



**TWINSBURG**  
**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 31<sup>st</sup>, 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**
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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. 31<sup>st</sup>, 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 10<sup>th</sup> 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 31<sup>st</sup>, 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 coverage's 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 31<sup>st</sup>, 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 & Xcels:	\$350.00	\$280.00 per Additional Team Child

Please initial that you have read and understand 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 additional competitions such as a bus trip or "fly to" meets are not included in the anticipated expenses so additional monies will need to be deposited should this occur for your child.

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.

<b><u>TEAM LEVEL</u></b>	<b><u>AMOUNT OF EACH PAYMENT</u></b>	<b><u>PAYMENT DUE DATES</u></b>
Levels 6-7-8 Girls:	\$200.00	7/15, 8/15, 9/15, 10/15, 11/15, 1/15
Level 3,4,5 & Xcels	\$175.00	7/15, 8/15, 9/15, 10/15, 11/15, 1/15
High School Girls:	\$100.00	7/15, 8/15, 9/15, 10/15, 11/15

**(None of these fees allow for Regional, National, Bus Trips or "Fly To" meets)**



**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 or debit card**, 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 **15<sup>th</sup>** of each month, according to my athlete(s) required payment schedule..

I therefore understand that this credit card/debit card, 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 15<sup>th</sup> 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:** \_\_\_\_\_

.  
\*If you are a NEW team member or would like to change your credit card that you have on file, please proceed to **page 9-10** of this packet to fill out the authorization forms provided. This is for Team Fund ONLY.

**AUTOPAY AUTHORIZATION FORM FOR TUITION**

I hereby authorize Gymnastics World, Inc., dba Gymnastics World of Twinsburg to debit **current credit card or debit card**, 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.***

**EMAIL (Required):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ➤ PAYMENT PROCESS OVERVIEW

We request all Team Member families use <b>AutoPay</b> for tuition and <b>require</b> it for your Team Fund Payments	We requiring <b>ALL</b> Team families pay their Team Fund payments using <b>AutoPay</b> with Credit Card, Debit Card or Bank Draft on File. Your <b>Team Fund</b> payment will be drawn on the <b>15<sup>th</sup></b> 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 <b>AutoPay for tuition only</b> , by using alternate means with a slight up charge of \$10.00 per month. Your <b>Tuition</b> payment will be drawn on the <b>1st</b> of every month and your <b>Team Fund</b> payment will be drawn on the <b>15th</b> of every month.
10% Family Discount	Your family pays only one <b>tuition</b> 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 <b>first day of each month</b> . 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 <b>expect</b> to have a limited number of practices canceled 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 canceled practices.
Team Fund, Tuition, and your Annual Processing Fee are 3 separate Fees.	Please be clear on this point: <b>Team Fund, Tuition payments and Annual Processing Fee</b> are <u>three separate payments</u> . As your tuition pays for training time in the gym, your Team Fund payments are for competitions fees and your Annual Processing Fee is the only fee that is 100% non Refundable. <b>Team Fund payments</b> are due on the <u>15th of every month required for your specific team level</u> . It is required that all team members use <b>AutoPay</b> for Team Fund payments. Team Members may opt out of <b>AutoPay</b> if their Team Fund is paid <b>in full</b> 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

understand that this will be debited on or about the **15<sup>th</sup>** of each month, according to my child(s) required payment schedule. *I understand that this approval is null and void when and if I notify GWI, in writing prior to the 15<sup>th</sup> 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 the 15<sup>th</sup> 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.**

## 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](mailto: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 31<sup>st</sup>.
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 31<sup>st</sup> or a \$30.00 Late Fee Will be applied to your account.