

# Minor Registration Form



Registration Package Selected:

Basic ☐ \_\_\_\_\_

Plus ☐ \_\_\_\_\_

Advantage ☐ \_\_\_\_\_

Initial  
Please

|                                                                                                                                                                                                       |                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Guardian's Last Name:</b>                                                                                                                                                                          | <b>Guardian's First Name:</b>                                                                                                                                                                      |
| <b>Child's Mailing Address:</b><br>_____<br>_____                                                                                                                                                     | And you are the: <input type="checkbox"/> Mother <input type="checkbox"/> Father<br><input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian<br><input type="checkbox"/> Other _____ |
| Apt/Unit: _____ Postal Code: _____                                                                                                                                                                    | Main Phone No.: - -                                                                                                                                                                                |
| Last Name of Payer:                                                                                                                                                                                   | Cell/ Emerg Phone No.: - -                                                                                                                                                                         |
| What form of social media do you use most often?<br><br><input type="checkbox"/> Facebook <input type="checkbox"/> Twitter<br><input type="checkbox"/> Instagram <input type="checkbox"/> Other _____ | E-mail: _____                                                                                                                                                                                      |
|                                                                                                                                                                                                       | <i><b>I have read and understood all of the registration policies on of this reverse page. I unconditionally agree to comply with each policy:</b></i><br><b>X</b>                                 |

## 1st. Child

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1<sup>st</sup>. Child's First Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sex: Male or Female (circle)                 |
| <b>Child's Last Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Current Experience: Year(s)____ Month(s)____ |
| Birth Date: Year____ Month____ Day____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current Date: Year____ Month____ Day____     |
| Medical Concerns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Learning Challenges?                         |
| Class Type: <input type="checkbox"/> Parent & Tot <input type="checkbox"/> Kindergym <input type="checkbox"/> Recreation <input type="checkbox"/> Advanced Rec. <input type="checkbox"/> Performance <input type="checkbox"/> Excel<br><input type="checkbox"/> Adult Gym <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                       |                                              |
| <b>Class Time(s):</b> Fr.____:____ to ____:____ <b>Class Day :</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun<br><b>Parents Initial:</b> ____ Fr.____:____ to ____:____ <b>Class Day :</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                              |

## 2nd. Child

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>2<sup>nd</sup>. Child's First Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sex: Male or Female (circle)                 |
| <b>Child's Last Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Current Experience: Year(s)____ Month(s)____ |
| Birth Date: Year____ Month____ Day____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current Date: Year____ Month____ Day____     |
| Medical Concerns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Learning Challenges?                         |
| Class Type: <input type="checkbox"/> Parent & Tot <input type="checkbox"/> Kindergym <input type="checkbox"/> Recreation <input type="checkbox"/> Advanced Rec. <input type="checkbox"/> Performance <input type="checkbox"/> Excel<br><input type="checkbox"/> Adult Gym <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                       |                                              |
| <b>Class Time(s):</b> Fr.____:____ to ____:____ <b>Class Day :</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun<br><b>Parents Initial:</b> ____ Fr.____:____ to ____:____ <b>Class Day :</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                              |



# Annual Registration, Payment Methods & Policies

**Annual Insurance & Registration** of \$54(+GST) (expires Aug 28<sup>th</sup>, '27) is required for all programs - non-refundable

## Payment Options

1. **Visa or MasterCard** payments for initial fees, followed by monthly payments to June, are available and processed automatically on the 1<sup>st</sup> of each month via our online service provider partner 'Studio Director'. **Visa 'Debit'** cards are currently not accepted.
2. **Pre-authorized Debit (PAD)** **Step 1** - Register online, and provide payment of initial fees before 12am on the same day, **online** via credit card or during office hours via debit/cheque/e-transfer. **Step 2** - Sign a PAD agreement for monthly payments for the first of each month. Cancel anytime in accordance with our class calendar (see reverse). No surcharge for non-credit card transactions. **IMPORTANT: If payment is not received on the same day before 12am, the registration is cancelled by software provider.**
3. **In Person** Pay via cash/cheque/debit or credit card during stated administration office hours - *not available recurring fees*.

**Please** • For payment options 1 & 2, the 5<sup>th</sup> week of April '27 is pre-paid upon registration - refundable upon early cancellation<sup>(1)</sup>

**note:** • Unpaid fees past 7 days of the current month's first scheduled class, result in the loss of class placement.

• A 2.4% non-refundable surcharge applies to all **credit card** transactions

• A \$15+GST fee applies to late payments after 72hrs.

## Trial / Drop-in Classes

A trial class must be paid for if the participant takes part in future classes, otherwise, payment is not required. Trial classes **do not** guarantee future class placement and are not available Aug 30<sup>th</sup> - Sep 12<sup>th</sup>. Trial classes are reserved by calling the gym. When space is available, 24hrs. prior to a desired class, drop-in(s) are available at \$25/hr+GST. plus a registration fee for non-members.

## Late Starters

Enrolment is continuous. Fees are pro-rated at the time of registration for those starting after the first of the month. Start anytime!

## Discount & Incentives

A 10% discount is applied to a single payment that covers (10 months) Sept. - June - **all lump sum payments are non-refundable; however, a class credit note is provided and is transferable to any child who has not taken part in classes no less than 10 months prior to the date of redemption.** Group rates are available for 3 or more - all group members must belong to the same family/organization.<sup>(2)</sup>

## Make-up Classes

Make-up classes are available for as long as a student is '**Actively Registered**' (*current month paid in full*) and the missed class has been reported **beforehand** (3hrs. min.) via our website; if fees are owed, make-up classes are disallowed. Make-up classes are scheduled via website/email (*only*) and are on a first come, first serve basis - sorry, no phone reservations accepted. Make-up class durations may be ± the regular scheduled class duration. Please see our Class Dates & Fee Calendar on reverse for make-up class schedule. Make-up opportunities for missed classes end as of June 26<sup>th</sup>, 2027 and are **not** transferable. Make-up class fees are non-refundable/non-transferable. Make-up no shows result in the loss of class owed. **Note:** Missed classes are not refundable.

## Reserving Class Placement

Class placements that are reserved must be paid for regardless of attendance or anticipated funding. Please advise **office** of any status change. Any/all student intellectual and/or behavioral challenges must be disclosed with administration prior to registration.

## Withdraws, Refunds & Credits

When written notice has been received via [www.victoriagymnastics.com](http://www.victoriagymnastics.com) or emailed **before the current month's deadline** outlined in this brochure's 'Class/Fee Calendar', all 'recurring' auto debit and credit card payments will stop and class credit is provided for unused class time remaining in the month of cancellation. Notice after the deadline results in 25% of the next month's fees being processed - any residual account balance will be applied against any fees owed. **All payments are processed until written notice is received.** (Auto-debit funds are submitted for processing 3-5 days prior to 1st of the month). *Credit can be used for any program and by any 'household' family member. All credits are without cash value and decrease by 25% annually from the anniversary date issued. Credits are honored only when a signed receipt is presented.*

## In The Event Of Mandated Forced Closure

Regardless of payment method, amount or frequency, if **Victoria Gymnastics** is ordered to close by a governing body for any instance or manner including, but not limited to: disaster, pandemic, war, terrorism, vandalism, riot, protest, strike, fire, earthquake, flood, tsunami, blizzard, tornado and storm, **class credit (no refunds)** will be provided for any class time remaining in the class calendar month of the incident and all scheduled future payment(s) will immediately STOP!

## Class Cancellations, Instructor Substitution and Changes

We reserve the right to cancel or change class or camp times; in either case, notification will be given and classes/camps will be rescheduled or refunded at our discretion. From time to time, class ratios may be affected by a coaches' illness — every effort is made to minimize this occurrence. Such events may also necessitate a temporary substitute instructor for your child's class and/or a co-ed combination of classes; in all cases, class size will never exceed 10 students.

Notes: <sup>(1)</sup>if no fees are owed on account <sup>(2)</sup>other conditions apply