WOC TEAM Commitment & Financial Agreement

A signature in all grey boxes is required

I have read & understand that...

When I turn in this form I am committing to a competitive team. Also, I am agreeing to the time , fininacial obligation, rules, terms, payments, fees & policies set by World of Gymnastics and Cheer that comes with being on a competitive team.

Parent Signature Date:

It is my responsibility to pay all WOGC tuition, WOGC membership fees, WOGC competition dues and any other WOC & WOC TEAM related fees (such as uniform fees) to WOG competition on time.

Parent Signature Date:

If tuition is not paid by the 10th of the month, a $20 late fee will be applied to my WOGC account.

Parent Signature Date:

I must have a current card on file. It may be charged with a late fee after the 10th.

Parent Signature Date:

There are no refunds and this includes all monthly fees and any monies paid to WOGC tuitions and team competition account.

Parent Signature Date:

If a check comes back insufficent funds, then a $20 fee is applied to the balance. I will no longer be able to write checks to World of Gymnastics and cheer.

Parent Signature Date:

I hereby give my consent for World of Gymnastics and Cheer to use my child's photograph and likeness in all forms of media, or advertising and any other lawful purposes. (If no is check, notify the front desk.)

Parent Signature Yes / No Date:

Any allergies or other medical concerns? Please list

Credit Card Authorization Form

FOR MONTHLY TUITION ONLY

Auto Pay (Circle One) **Yes** **No**

***If you are not on auto pay, **payments are due on the 1st of each month**. Your mandatory card on file will be charged if payment is **not** received by the 10th of the month.

Initial:_____ **Date: _____**

If you choose to withdrawal from the class program, we require a 2 week notice for your billing to stop.

Initial:_____ **Date: _____**

Note: Once your credit card has been entered into the computer I will shred this paper to protect your information.

Name of Cardholder: _____

Type of Card: Visa Mastercard Discover

Credit Card :			

Exp. Date: _____ **CID:** _____

Card Holder Signature: _____