

WELCOME TO STANLY COUNTY GYMNASTICS!

1960 Post Rd. Albemarle, NC 28001

Phone: 704-983-2414

Email: stanlycountygymnastics@gmail.com

Website: www.stanlycountygym.com



Stanly County Gymnastics, Inc. Mission Statement:

Stanly County Gymnastics is dedicated to developing strong and confident gymnasts by improving their fitness and self-esteem. We teach children that positivity, hard work, and perseverance are what it takes to achieve your dreams. Staff members are dedicated to the social, physical, and emotional development of each student. Classes are goal-oriented and taught with progressions to ensure that students succeed and maintain a positive self-image.

MEMBER POLICIES:

Registration:

An annual registration fee is required. This fee is non-refundable. Students are considered enrolled only after registration is paid, ALL forms are filled out, and insurance waivers have been signed. You may enroll, space permitting, at any time.

First child = \$30 (Second child in same family = \$20)

Monthly Tuition:

Credit card tuition payments are drafted on the 1st of each month. RETURNED credit card drafts will result in an additional \$25 charge due with tuition payment. Outstanding balances left unpaid after the 15th of the month will result in an additional \$10 charge. Outstanding balances left unpaid after the end of the month will result in automatic removal from the program.

REFUNDS:

Registration fees, tuition, and summer camp deposits are nonrefundable. If the child has a major injury/long term illness with a doctor's note, management will discuss the best way to resolve the situation.

Absences/Make-Up Classes:

Make-up lessons are given to students that miss due to sickness and provide a doctor's note. Please contact the front desk to schedule a make-up lesson. Make-ups must be done within 4 weeks of the missed class. There will not be any make-up classes given as a result of a missed make-up class.

ONE MONTH CANCELLATION NOTICE:

To formally withdraw from the program, you must fill out our Membership Cancellation Form available at the front desk or on our website. Please know that you will be billed tuition up to, and including one month after we receive the cancellation notice. If a Membership Cancellation Form is not turned in, we will assume that your child is temporarily absent, and tuition fees will be required for having held your child's place in the class.

Class Guidelines:

Clothing: Leotard for Girls and shorts and T-shirts for boys without zippers or buttons

*No jewelry can be worn for safety purposes (stud earrings ok) *

Bare feet in the GYM

No chewing gum

Long hair must be tied back

Belongings must be kept in cubbies

Children need to bring a water bottle

*SCG is NOT responsible for lost items. *

Parents must observe from the upstairs bleachers, the lobby doorways and bathroom areas are not for this purpose. Please follow the Parent Viewing schedule. NO flash photography. Do not yell at/coach your child from the bleachers.

This could cause your child or other students to become distracted and get hurt.

SCG is not responsible for your child before or after his/her scheduled class. Children are not allowed to wait outside the building; please make arrangements to come inside or patiently wait in our pick-up line.

Holiday Closings:

Labor Day: Monday, September 7th, 2026

Thanksgiving: November 25th-27th, 2026

Christmas: December 22nd- January 3rd

Easter/Spring Break: March 29th–April 2nd, 2027

Skill Evaluations/Gym Fest:

SCG will have an end of year performance and awards ceremony for all students enrolled in the program. Gym Fest (held May 17th–May 22nd & May 24th-25th) held will count as your child's last class for the month of May. An award is presented to each student. You will be informed of your child's specific day and time prior to the event. A skill evaluation day will also be held during the year & will be added into your number of annual classes. Dates, times, & details will be emailed.

Email & Contact Information:

Please provide your email address on the Registration form. Email is used to relay important information, closings for holidays and inclement weather, specials, and services. If any of your contact information changes, including emergency contacts, please be sure and update with the Front Desk as soon as possible.

Parking & Pick-up/Drop-off Line:

Parking is available on the side of Stanly County Gymnastics. Parents may pick-up and drop off older children (5+ years) in our drive-through pick up/drop off car rider line. There is NO Parking in the pick-up line, if you plan to leave your car/enter SCG please use the side parking lot. Please watch your speed!

NO SMOKING OR WEAPONS:

THERE ARE NO SMOKING OR WEAPONS ALLOWED ON THE PROPERTY OF STANLY COUNTY GYMNASTICS. THIS INCLUDES THE PARKING LOT. OUR BUSINESS PROMOTES HEALTH, FITNESS, AND SAFETY FOR CHILDREN.

Behavior, Discipline & Dismissal from the Program:

Students in gymnastics classes are expected to follow the directions of the teacher and other SCG staff members. This is for the safety and well-being of all students. Students that misbehave will be redirected by their teacher towards a more positive choice. Most behavioral issues will be solved this way. Parents may be contacted (either by email or phone call) if deemed necessary by the Director. Severe behavioral issues will result in immediate dismissal from the program with or without a warning. SCG reserves the right to dismiss any child/family from the program (temporarily or permanently) due to failure to abide by the Member Policies. Grounds for dismissal also include inappropriate and destructive behavior (by children or adults) that endanger the safety and well-being of other SCG clients and/or staff members. Vandalism to any property owned by SCG is also grounds for dismissal. SCG has a ZERO tolerance policy for violence. A warning may be given but is not required depending upon the severity of the destructive behavior.

Recurring Payment Authorization Form

Your monthly tuition payment will be automatically charged to your Visa or MasterCard. Please complete and sign this form. You will be charged the amount indicated below. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice prior to the payment being collected.

Please complete the information below:

I, _____, authorize **Stanly County Gymnastics, Inc** to charge my credit card the amount of _____ on the **1st** of each **month** my child is registered for classes.

Credit Card Information:

Circle type of card:	Visa	Mastercard
Cardholder Name:	_____	
Credit Card Number:	_____	
Expiration Date:	_____	
Zip Code:	_____	
CVV Code:	_____	
Billing Address (street number only):	_____	

I understand that this authorization will remain in effect until I cancel it **in writing** at the front desk. I agree to notify **Stanly County Gymnastics, Inc.**, in writing, of any changes in my account information. I understand that I will be charged the full monthly tuition amount if I do not inform SCG of cancellation at least **30 days** in advance of the monthly draft.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

This credit card may be used for other SCG programs (Fun Gym, Summer Camp, Birthday Rock, etc.) YES / NO

This credit card may be used for SCG apparel (leotards, shorts, shirts, etc.) YES / NO

FOR OFFICE USE ONLY:

Child name: _____ Parent Name: _____
Class: _____ Start Month: _____
Email: _____

Stanly County Gymnastics Registration Form 2026-2027:

Mother/Guardian Info:	Father/Guardian Info:	Emergency Contact Info:
Name_____	Name_____	Name (Other than Parent/Guardian) _____
Address_____	Address_____	Relationship to Student _____
City_____ Zip _____	City_____ Zip _____	Emergency Contact # _____
Phone # _____	Phone# _____	
Email_____	Email_____	

Child Information:

Student 1 Name_____ Age_____ M/F_____ DOB____/____/____

Class Name_____ Day_____ Time_____

Special Medical or Physical Concerns_____

Student 2 Name_____ Age_____ M/F_____ DOB____/____/____

Class Name_____ Day_____ Time_____

Special Medical or Physical Concerns_____

Student 3 Name_____ Age_____ M/F_____ DOB____/____/____

Class Name_____ Day_____ Time_____

Special Medical or Physical Concerns_____

Basic First Aid Info:

SCG Staff Members will administer basic first aid that includes ice packs, band aids, Triple Antibiotic Ointment, Anti-Itch Cream, ace bandage and athletic tape wraps.

Do you give permission to SCG Staff Members to administer basic first aid included above?
Yes/No

Signature of Parent/Guardian_____ Date_____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the GYMNASTICS/NINJA/TUMBLE CLASS/FUN GYM, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue STANLY COUNTY GYMNASTICS, INC., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Date

PARENTAL CONSENT:

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, less liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent / or Legal Guardian

Signature of Parent / or Legal Guardian

Date

Acknowledgement of Risk and Waiver of Liability:

As legal guardian of _____, I hereby consent to the aforementioned person's participation in Stanly County Gymnastics, Inc.'s programs. I recognize that potentially severe injuries can occur in any activity involving height or motion, including dance, gymnastics, and related activities including tumbling and trampoline. I understand that it is the expressed intent of Stanly County Gymnastics, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Stanly County Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Stanly County Gymnastics or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while training at or performing for Stanly County Gymnastics, Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature of Parent/Legal Guardian _____ **Date** _____

I have read the Acknowledgement of Risk and Waiver of Liability _____ **(initials)**

I have read and understand my Member Policies _____ **(initials)**

I have read and understand the One Month Cancellation Notice _____ **(initials)**

Permission to Photograph and Publish:

Stanly County Gymnastics uses photographs for newspaper articles and promotional materials such as ads, flyers, brochures, websites, and social media.

_____(Please check) I do give permission to photograph and publish
_____(Please check) I do **NOT** give permission to photograph and publish

Signature of Parent/Legal Guardian _____
Date _____