



OFFICE USE ONLY	
Training Option	Day_____ Time_____
Training Fee's	\$_____
Discount	\$_____ 1.5% 3% 4.5% 10%
Fee's after discount	\$_____ <input type="checkbox"/> monthly / <input type="checkbox"/> in full
Reviewed by:	_____ (Staff Name)

PROVINCIAL GYMNAESTRADA REGISTRATION 2017-2018

Google: ____
 Entered: ____
 Tagged: ____

Athlete(s) name(s): _____

Payment Terms:

I agree to the payment of the following:

Program expense fee (non-refundable): \$ 140 Due at time of Registration

DGS membership fee (non-refundable): \$ 30 Due at time of Registration

Training fees: \$ _____

Monthly: Over _____ months (\$ _____/month)

In Full: (3% discount)

Please review the following:

Payment & Arrears Policy

Non-payment of fees: DGS does not allow anyone to participate whose fees have not been paid. In cases of financial hardship, the family may approach the Business Manager for consideration. Registration for the following season cannot be accepted until all outstanding fees have been paid.

Failed credit card or automatic debit charge: It is the families' responsibility to inform the office of any changes to credit cards or banking information. NSF automatic debit charges will be subject to a \$50 service charge, 2 failed attempts to process a credit card will be subject to a \$25 service charge.

Families with outstanding training fees will be notified by email and/or phone when their payment does not clear or NSF is received. After 30 days if payment is still not received a second reminder will be sent. If account is not brought up to date within the next 30 days, a late fee of \$50 on top of NSF charges will apply and athlete's training will be discontinued until payment is received. Exceptions will be considered through a written request and subsequent approval by the Executive Director.

Refunds & Withdrawal Policy

Refunds & withdrawals only apply to training fees, requests must be submitted in writing to the Business Manager (info@deltagymnastics.com) accompanied by the appropriate proof. The request will be assessed based on the day it is received in the office in writing, NOT based on the gymnasts last day of practice. Refunds & withdrawals are accepted for the following:

- Medical reason with a doctor's note
- Relocation from the municipality with proof presented
- An academic challenge with a teacher's note



Once the request is accepted, the withdrawal is subject to 6.5 weeks' training fees, based on the original training fee rate starting from the date the documentation was received by the office and once the athlete has ceased to attend classes. Note: Parent Participation requirements will also be calculated until the time of withdrawal.

Method of Payment

- VISA/Mastercard _____ exp: _____
- Pre-authorized Debit (1.5% discount) – **PLEASE COMPLETE PRE-AUTHORIZED DEBIT FORM**
- In full (3% discount) \$ _____

Monthly payments of \$ _____ Starting ____ / ____ /2017 to ____ / ____ /2018

I, _____ understand and agree to the payment terms, procedures & policies
(Parent or Guardian)
listed above .

(Signature)

(Date)



Provincial Gymnaestrada Program

Athlete Participation Contract

Gymnaestrada is one of the most inclusive, non-competitive sports in the world. People of all ages and abilities come together in performance teams that combine gymnastics, tumbling, dance and stunt moves into an entertaining spectacle. To be successful, participants must commit to the team and understand that practices rely on full participation from all members.

If you wish to participate on the Delta Gymnastics Provincial Gymnaestrada Team (either Junior or Senior), you are expected to commit yourself to the following requirements. Please read the statements below. If you understand what is expected of you and are willing to commit yourself to each requirement, please sign in the space provided below.

I, _____ commit to the following requirements and expectations;

(Participants Name)

1. I commit myself to fully participate in the Delta Gymnastics Provincial Gymnaestrada Team from September 2017 to BC Provincial Gymnaestrada in May 2018.
2. I commit myself to attending all practices and performances unless injury (with medical note) or other reason cleared with the coach is discussed.
3. I understand that missing more than 3 practices can limit me from fully participating in choreography and group/partner stunts.
4. I understand that I am a participant in a team program and that missing practices will negatively affect the team.

Signature of Participant

Date

I, _____ as the participants parent/guardian, commit to fully supporting my daughter/son on the Delta Gymnastics Provincial Gymnaestrada Team and agree to helping them fulfil the above stated requirements and expectations.

Signature of Parent

Date



Delta Gymnastics Society

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorized Delta Gymnastics Society, and the financial institution designated (or any other financial institution I/We may authorized at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Delta Gymnastics Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the **1st day** or each month **or** the **15th day** of each month. Delta Gymnastics Society will obtain my/our authorization for any other one-time or sporadic debits and will provide 10 calendar days written notice prior to any debits.

This authority is to remain in effect until Delta Gymnastics Society has received written notification from me/us of its change of termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Delta Gymnastics Society may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain form for Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE _____

Name(s): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Delta Gymnastics Society Athlete Names: _____

Type of Service: Personal Business

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number _____ - _____

(branch 5 digits; FI – 3 digits)

Address: _____

City: _____ Province: _____ Postal Code: _____

Transaction Date: From / / To: / /
mm dd yyyy mm dd yyyy

Debit Amount: \$ _____

Authorized Signatures: _____

Delta Gymnastics Society
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Delta, BC V4K 3X3
Ph: 604 943-0460 Email: info@deltagymnastics.com