

# ACROBATIC ACADEMY FITNESS & EDUCATION CENTER, INC.

## Rules & Policy for 2021-2022

### Welcome!

The following information may answer some of your questions regarding our center.

The 2021-2022 yearly calendar is September 1, 2021 – August 31, 2022.

Class times may be subject to changes and/or cancellations.

#### CLASS FEES

40/45 Min Class	\$55.00
1 hour Class	\$60.00
90 Min. Class	\$83.00
2 Hour Class	\$101.00

#### PRIVATE LESSONS

Private	\$87.00
Semi Private	\$79.00
Small Group	\$75.00

#### Taekwondo

30 Min Class	\$50.00
1 Hour Class	\$60.00

**MEMBERSHIP FEE:** New students are required to pay a membership fee of \$35.00 (non-refundable) and the first month's class fee upon enrollment. Currently enrolled students are required to renew the membership fee of \$35.00 per year. Students who drop are required to pay the membership fee of \$35.00 and the first month's class fee upon return.

**DISCOUNTS:** Multiple classes will receive a discount of \$2.00 per class. Discounts apply for full months only. Please check with office. Some restrictions apply.

**PAYMENT:** Class fees are due the first of the month. **A late fee of \$5.00 is assessed monthly if payment is not received by the 10<sup>th</sup> of any month.** Payments received will be applied to existing unpaid balances. The deadline to sign up for auto pay is the 25<sup>th</sup> of each month, for the following month.

**DROP PROCEDURE:** Classes continue year-round. An Acrobatic Academy cancellation/drop form is required to discontinue class. Submit the drop form with your monthly payment on the first of the month. The effective date will be the last class of the month in which the drop is received. Any drop received after the 10<sup>th</sup> of the month will be effective the end of the next month. Drop forms are located at our office or our website. Drop forms may be emailed, faxed or handed into our office. **No drops will be taken over the phone.** In order to re-enroll, students must renew the registration fee and the 1<sup>st</sup> month's class fee.

**CLASS MAKE-UP POLICY:** One make-up per month is allowed September-May. Multiple make-up classes per month are allowed June-August. Classes must be made up within the current year. The student must be actively enrolled in a class in order to make-up. **REMINDER:** Our severe winter weather policy is as follows; If USD 259 closes for the entire day, we will be closed as well. If USD 259 closes mid-day, we WILL be open for all classes.

**ATTIRE:** Gymnastics students are encouraged to wear leotards. Ballet/Tap students are required to wear a leotard, pink ballet shoes, and black tap shoes. Jazz students are encouraged to wear jazz shoes. No jewelry should be worn. Hair should be pulled back. Tae Kwon Do students are required to wear the dobok and protective gear while sparring.

**GENERAL INFORMATION:** Parents are to remain in the designated viewing areas. Siblings and visitors are **NOT** allowed in the gym area, or observation area. One adult of parent tot and 3 & 4 year old classes will be allowed to view in the preschool gym and one adult may view from the Fit Physique observation deck. For school age students, two adults may view from the observation area upstairs. For their safety, students should not wait outside the building for a parent to pick them up. We ask that students be dropped off and picked up in a timely manner. All children under 12 must be accompanied by an adult before and after class. Students will be dismissed 5 minutes prior to the end of their classes.

**TELEPHONE:** It is best to contact us at 721-2230 Monday-Thursday between the hours of 9:00am-8:00pm, Friday & Saturday between the hours of 9:00am –1:30pm.

Visit our website – [acrobaticacademy.com](http://acrobaticacademy.com) for more information or email us at [info@acrobaticacademy.com](mailto:info@acrobaticacademy.com)

**CALENDAR:** PLEASE SEE BACK FOR CALENDAR

Check here if have been enrolled at AAI or Fit Physique previously

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER, INC.  
REGISTRATION FORM

Home Phone # (Account #) \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Last Name \_\_\_\_\_

(First name)

(First name)

Mother's Work# \_\_\_\_\_ Father's Work# \_\_\_\_\_ Emergency Name \_\_\_\_\_ Emerg. Ph. # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Billing Name if other than above \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Teacher \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Level \_\_\_\_\_ Start Date \_\_\_\_\_

For office use: Comp \_\_\_\_\_ Book \_\_\_\_\_

**STUDENT #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

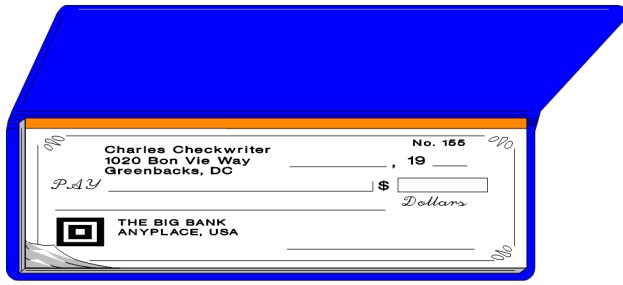
Teacher \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Level \_\_\_\_\_ Start Date \_\_\_\_\_

Health Concerns \_\_\_\_\_ For office use: Comp \_\_\_\_\_ Book \_\_\_\_\_

Participation in our activities may involve motion, rotation, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc., its owner, coaches & employees from any and all claims, illness, or injuries of the participant which may result from participation in the program. **I understand that payments are due the 1<sup>st</sup> of the month and that a \$5.00 late fee will be assessed for class payment received after the 10<sup>th</sup> of any month.** All payments are payable to Acrobatic Academy Inc ("AAI") and all classes will be held on premises. I understand that **a 30 day written notice of drop is to be submitted the first of the month**, along with the monthly payment in order to discontinue class. The account will be billed for all classes up to and including the drop notice. X \_\_\_\_\_ Students must re-register and pay the registration fee upon return. Registration fee is a yearly fee due every Sept. 1<sup>st</sup>. If enrolling in the summer, registration fee is discounted for summer months and full registration fee will be due by Sept. 1<sup>st</sup>. The registration fee is non-refundable. This acknowledgment of assumption of risk & accounting policy is valid for any and all classes & activities. I give Acrobatic Academy Fitness & Education Center, Inc. and/or any companies representing Acrobatic Academy, permission to call my cell phone for business purposes.

I have read and understand the above statement. Date \_\_\_\_\_ Signature \_\_\_\_\_

Auto Pay  
Y or N  
Circle



**Attach voided check here for authorization**

(use tape for faxing)

**Do not use deposit slip**

**ALL FORMS MUST BE IN BY THE 25TH OF THE MONTH, PRIOR TO THE MONTH IT WILL BE WITHDRAWN**

## Acrobatic Academy Fitness & Education Center Inc.

### Automatic Payment Authorization from Checking Accounts

**Please Note**, each monthly tuition draft payment will typically be processed on the 1st banking day of each month and no later than the 10th of each month. Customer may stop a draft, upon request, provided we are given a 30 day advanced written notice.

A yearly membership fee, in the amount of \$35.00, will be automatically processed by August 31st, **unless a drop notice is given by August 1st**. This is a yearly fee due prior to September 1st of every year.

Any EFT check drafts that are returned to AAI will be charged a \$30.00 fee. The full tuition amount will be drafted for a 2nd time within 1 week of any returned draft.

**Please print the following information:** Child's Full Name(s): \_\_\_\_\_

**Person authorizing automatic draft payments:**

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone (C) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address : \_\_\_\_\_

(Please Print clearly)

**Estimated monthly draft amount:\$** \_\_\_\_\_  
(Monthly Draft Amount may change if amount of services changes.)

Please mark class duration:

40/45 Minute Class  1 Hr. Class  1 1/2 Hr. Class  2 Hr. Class  Pvt/Semi/Sm Group

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. Monthly tuition payments may change if/when student services change. In the event that I change my checking service to a different bank, different account, or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the responsibilities of a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to AAI before stopping the automatic draft payment, if for any reason I withdraw my child from AAI.

**Please note:** All bank drafts or checks returned to our bank as NSF, account closed, or for any other reason, will be charged a \$30.00 returned check fee. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. **I hereby authorize drafts from my checking account only as specified above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Please return or fax this completed form to:**

Acrobatic Academy Fitness & Education Center Inc.  
2111 N. Maize Rd. • Wichita, KS 67212

Office: 316-721-2230 • Fax: 316-729-5541



**Acrobatic Academy**  
 Fitness & Education Center Inc.  
**Monthly Automatic Payment Authorization for  
 Credit/Debit Cards**

**ALL FORMS MUST BE IN BY THE 25TH OF THE MONTH,  
 PRIOR TO THE MONTH IT WILL BE WITHDRAWN**

Please print the following information:

Child's full name(s) \_\_\_\_\_

Person authorizing automatic credit/debit card draft payments:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (C) \_\_\_\_\_ Email Address \_\_\_\_\_

(Please print clearly)

Regular Monthly Draft Amount \$ \_\_\_\_\_

Please Mark class duration

40/45 Min     1 Hour     1 ½ Hr. Class     2 Hr. Class     Pvt/Semi/Sm. Group

Monthly tuition payments may change if/when student services change. A thirty (30) day notice required for any changes or drops. Monthly charges will be made between the 1<sup>st</sup> through the 10<sup>th</sup> of each month.

**Any payment authorization declined will be charged a \$10.00 decline fee & will be added to the total amount due.** \_\_\_\_\_ (Customer Initial please)

This amount may be collected or charged to the card on file. If not collected by the 10<sup>th</sup> of the month, an additional \$5.00 late fee will apply.

A yearly membership fee, in the amount of \$35.00, will be automatically processed by August 31<sup>st</sup>. This is a yearly fee due prior to September 1<sup>st</sup> of every year.

I hereby authorize tuition payments, as shown above, to be charged to the account designated below. In the event that I change my credit card service to a different bank, a different account, issued a new card/account number/different expiration date or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. Per the AAI Registration Form/Rules and Policies, I will give a 30-day written notice to AAI before the automatic card payment, if for any reason I withdraw my child from his/her program.

I hereby authorize drafts from my credit/debit account only as specified above

Name as it appears on card \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Authorizing signature \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Name on CC & billing address if different \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit \_\_\_\_\_ Debit \_\_\_\_\_

Please Return Completed form to:  
 Acrobatic Academy Inc. 2111 N. Maize Rd. Wichita, Ks. 67212  
 316-721-2230                      316-729-5541 (fax)