

**2023-2024 Registration and Waiver**

**EAST PENN CHILDREN'S FITNESS ACADEMY, LLC**

1<sup>st</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Specify any Allergies/ Medical conditions \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact (not listed above) \_\_\_\_\_ Phone \_\_\_\_\_

1<sup>st</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ at \_\_\_\_\_ per month  
(name) (Amount)

2<sup>nd</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ at \_\_\_\_\_ per month  
(name) (Amount)

**Parent and/or Legal Guardian Release /Waiver & Consent**

I would like my child/children to participate in fitness activities at the East Penn Children's Fitness Academy, LLC ("EPCFA"), located at 45 W. Penn Ave., Alburtis, Pa. I am aware while participating at EPCFA there may be times when incidental contact may occur. EPCFA is operating in a safe physical distancing environment, but there may be times when children may violate the physical distancing recommendation. EPCFA staff will spot (physically assist) when required. This is necessary to teach skills safely and to help students perform skills correctly. I agree that spotting will be a part of EPCFA's teaching process and I permit EPCFA staff to physically assist my child when needed. As the parent and/or legal guardian of the child/children listed above, I understand that attendance at EPCFA, is voluntary, and as with all physical fitness activities, there is a chance of serious injury and/or death.

I, the parent and/or legal guardian, agree to indemnify and hold harmless EPCFA, its respective officers, agents, directors, owners and employees from any loss, costs, expenses, and liabilities (including serious injury and/or death) arising out of participation in any activities at or in association with EPCFA. As the parent and/or legal guardian, I waive and release any and all rights against EPCFA. I fully assume and accept all risks, liabilities, claims, demands, all losses, injuries, costs, and damages that may be suffered by me or my child/children with our activities and association with EPCFA. I hereby release, discharge and covenant not to sue EPCFA, its respective officers, directors, employees, agents, volunteers, other participants, owners and lessors of premises on which the activity takes place.

This Release/Wavier & Consent shall cover and include all areas, activities, performances, and acts, inside and outside EPCFA, including but not limited to all parking facilities, sidewalks, land, bathrooms, hallways, gym areas, lobby, and other areas connected with the same. This Release/Waiver & Consent shall also cover and include participation in events, competitions, and performances at other off-site locations.

I also attest that a legally licensed physician has certified that the child/children listed above are capable of participating in the vigorous physical fitness activities offered by EPCFA. I hereby release EPCFA staff to render temporary first aid to my child in the event of injury or illness, and if deemed necessary to seek medical help, including transportation to a health care facility, or the calling of an ambulance. I do hereby authorize any trained medical professionals to administer emergency treatment to my child/children should illness or injury occur in my absence.

I, the parent and/or legal guardian, hereby consent to letting above signed child/children to partake in any photography/videography opportunities at any practices & performances offered at EPCFA events. I am fully releasing the rights of any photos/videos EPCFA owners/staff members may take of my child/children for eligibility to be posted for any advertising, memo boards, online websites, displays, and any other photo/video opportunities that may occur.

I have read and understand the foregoing Release/Waiver & Consent and by affixing my signature, signify my acceptance to be legally bound by it. If any provision of this Release/Waiver & Consent is or becomes illegal, invalid, or unenforceable, that shall not affect the validity or enforceability of any other provision.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EPCFA Staff will complete this section:**

1st month Tuition - cash cc check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ EPCFA rep \_\_\_\_\_

**AUTOPAY** \$ \_\_\_\_\_ per month **Discounts** \_\_\_\_\_

## **AUTO PAYMENT PLAN**

\_\_\_\_\_ NEW      \_\_\_\_\_ ADD      \_\_\_\_\_ CHANGE ( CC info Class )  
Circle one

I hereby authorize East Penn Children's Fitness Academy, LLC (EPCFA) to automatically debit my credit/debit card on the first day of every month from \* \_\_\_\_\_ to and including \* \_\_\_\_\_ for my tuition payment in the amount of \*\$ \_\_\_\_\_ monthly. I understand that if I cancel from any class/classes, I will be responsible to complete and sign the Class Withdrawal Form to notify EPCFA of my intentions. I understand that I will be charged a \$25 Withdrawal Fee in order for my tuition payments to be discontinued. You must submit a Class Withdrawal Form before the 15<sup>th</sup> of the month to the front desk in order to stop payments for the next month. Class Withdrawal Forms submitted after the 15<sup>th</sup> of the month will be charged for the following month's tuition, plus the \$25 Withdrawal Fee.

**\*Months and Dollar Amount to be filled out by EPCFA representative ONLY**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Payment Policy (will be strictly enforced)**

If auto payments are declined by the bank, you will be notified via email. You will be required to resubmit your bank information. This information may be supplied in person or over the telephone. For security reasons, we will not accept this information via email. There automatically will be a \$35.00 resubmittal fee for any declined payments. Your child will not be allowed in class, if your account has not been reinstated within 10 days from the date of email notification from EPCFA. Special circumstances must be evaluated and approved by the General Manager.

### **EPCFA Policies and Procedures**

**Tuition Payments:** School Year Session will start, Tuesday, September 5, 2023, through Friday, May 24, 2024. First month's payment must be paid either by credit card, check or cash. The following month's payment will be automatically deducted at the beginning of the month from the account you specify. There will be no extra charge for months with five classes or no price adjustment for months with three classes.

**Class Attire:** Parents must provide appropriate class attire per the following. All Gymnastic classes are required to wear a leotard to class. All Tumbling classes are required to wear a leotard to class. Ballet/Tap and Acrobatics classes are required to wear a dance leotard to class and parents must provide proper dance shoes for class, if required by instructor. All other students must wear comfortable, form fitting athletic safe attire to class. No sports bras, crop tops, or hooded sweatshirts are allowed to be worn in class. Students are required to be barefoot in the gym, long hair must be pulled back, and absolutely no jewelry may be worn.

**Class Schedules:** Classes maybe combined or cancelled depending on enrollment.

**Class Withdrawal:** If you decide to withdraw from any class/classes, you will be responsible to complete and sign the Class Withdrawal Form to notify EPCFA of your intention. Email or phone submissions will not be accepted. You will be charged a \$25.00 Withdrawal Fee to discontinue tuition payments. You must submit your form before the 15<sup>th</sup> of the month to the front desk in order to stop payments for the next month.

**Discounts: (NOTE: All discounts are based on full school year classes September - May)**

1. Early Registration Discounts- Register on/before Friday, September 1<sup>st</sup> and receive \$25 off your first month's tuition.

**Auto Payments:** Auto payments will be taken out at the beginning of every month. **Declined Payments:** If an auto payment is declined by the bank, you will be notified via email. You will be required to resubmit your bank information. This information may be supplied in person or over the phone. For security reasons, we will not accept this information via email. There automatically will be a \$35.00 bank resubmittal fee for any declined payments. If your account has not been reinstated within 10 days from the date of email notification from EPCFA, your child will not be allowed in class.

**Returned Checks:** If your check is returned by your bank, you will be charged the amount of the check plus a \$35.00 return check fee.

**Refunds:** We do not offer credit and/or refunds on cancelled classes due to holiday, vacation, illness, weather or any other reason. If EPCFA must close because of a governor's mandate, we will give credit for future classes.

**Trial Classes:** We offer trial classes for \$15.00 a class with a limit of one per child per discipline. You must call to schedule the class due to reduced class sizes to allow for social distancing. Please schedule in advance.

**Safety:** No food will be allowed in the gym areas or dance studios. For children's safety, children cannot wear shoes or socks in any of the gyms. Ensure your child's personal items are marked with their name. There is a lost and found tub in the hallway area. EPCFA is not responsible for lost or stolen items. For all PreK classes, students must be independent and potty trained. EPCFA is not certified to teach special needs children.

**Sickness Policy:** Please be considerate of other families and instructors and **do not** bring your children when they are sick. Strong cough, pink eye, staying home from school due to virus/illness, green mucus nose, etc. are all examples of when not to bring your children to class.

**Parent Responsibility:** We ask that children arrive 5 minutes prior to their class start time. This insures EPCFA classes to begin on time without class interruptions. Children will wait in the observation area for their instructor to pick them up and take them to class. Please encourage younger children to use the restrooms prior to class, so they are not disrupting or losing valuable class time using the bathrooms. Children will wait in the observation area for their instructor to pick them up and take them to class. Each class begins with stretching and warm-ups. This is a very important part of our classes, to assure that your child's body is properly warmed-up to prevent injury. Please allow our instructors to instruct the class and your child. There is a progressive curriculum and skills for each level of class. It is important for the child to keep their focus on the class and their instructors. After your child is called into class, parents are more than welcome to stay and watch on the TV monitors in our observation areas. Children will be released to their parents in the observation area and must leave with a guardian or parent.

**Waiver/Liability Forms:** All participants' parents/guardians must sign a consent form, or your child/children cannot participate in any class activities.

**Make-up Policy:** Make-up classes must be scheduled in advance and can be made-up in other classes and disciplines. Please call, email, or schedule at the front desk.

**Behavior:** There is a strict 3 Point Discipline Policy that will be enforced when a teacher/instructor encounters inappropriate behavior problems with a child in class. The teacher will first attempt to resolve the problem with the child. If this fails, the parent/guardian will be consulted.

- **1<sup>st</sup> offense-**Verbal Warning- The Instructor will speak with the child about the inappropriate behavior in class and the specific rules they must follow. Parent/Guardian will be advised at the end of the class of the behavior.
- **2<sup>nd</sup> offense-**Written Warning- If a child continues to misbehave in the class, the teacher/instructor will seat the child away from the activity. Parent/Guardian will be notified by the General Manager of inappropriate behavior and a written warning will be put in their file.
- **3<sup>rd</sup> offense-** The General Manager will notify parent/guardian that the child will be removed from the program and will not be eligible to return.
- **Note:** Any child whose behavior endangers the safety of themselves, or others will immediately be removed from the program.

**Weather Policy:** In the event of inclement weather, **please call 610- 967- 5437**, or check for a posting on WFMZ-TV, **EPCFA** website, Facebook, or Instagram. We will provide a make-up class for any class that is cancelled due to weather or circumstances beyond our control. Please refer to make-up policies.

**EPCFA Closings:**

**Thanksgiving Break-** Closed Wednesday, November 22<sup>nd</sup> – Sunday, November 26<sup>th</sup> Re-open Monday, November 27<sup>th</sup>

**Christmas Break-** Closed Saturday, December 23<sup>rd</sup> – Tuesday, January 2<sup>nd</sup> Re-open Wednesday, January 3<sup>rd</sup>

**Easter Break-** Closed Good Friday, March 29<sup>th</sup> – Sunday, March 31<sup>st</sup> Re-open Monday, April 1<sup>st</sup>

Parent/Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**CREDIT CARD INFORMATION  
(PRINT ALL INFORMATION)**

Parent/Guardian \_\_\_\_\_ Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

EPCFA Rep \_\_\_\_\_

How did you find out about EPCFA: Already a student \_\_\_\_\_ Friend \_\_\_\_\_ Social Media \_\_\_\_\_ Search Engine \_\_\_\_\_

Website \_\_\_\_\_ Instagram \_\_\_\_\_ Other \_\_\_\_\_