

Thank you so much for your interest in Becca's Place Gymnastics! We're excited to welcome you to our program. Our classes meet once a week, with lesson plans rotating every two weeks to keep your gymnast engaged and progressing. Each class works on skills across all four events: vault, bars, beam, and floor.

Tuition is billed on the 25th of each month for the upcoming month. If your child ever misses a class, we offer structured make-up classes to ensure they receive the full value of their training. There is an annual membership fee of \$37.10 due at registration, and monthly tuition may be prorated depending on your start date.

To get started, please complete this membership packet and visit us at the gym weekdays between 3:30 pm and 8:00 pm to finalize your registration and discuss class availability.

If you have any questions, we're here to help. Feel free to call us at 270-862-9812 or email info@beccasplacegym.com.

We look forward to welcoming you and your gymnast to our Becca's Place family!

Jennifer Ryan & Jessika Bohannon-Ferriss
Head Coaches and Co-Owners,
Becca's Place Gymnastics



Class Date/Time _____
Tuition _____
Membership _____
Total _____

BECCA'S PLACE 2025-2026 MEMBERSHIP FORM

1ST GYMNAST _____ DOB _____ AGE _____ SEX _____

2ND GYMNAST _____ DOB _____ AGE _____ SEX _____

Address _____ City _____ State _____ Zip _____

Email _____

Mother/Guardian _____ Cell # _____ Employer _____

Father/Guardian _____ Cell # _____ Employer _____

How did you hear about BECCA'S PLACE? _____

RELEASE

I hereby consent to have my/our child/children participate in the programs offered by BECCA'S PLACE. I/We understand that gymnastics activities involve height, motion, and rotation- and such activities involve certain inherent risks. I/We am/are fully aware and appreciate the risks including the risk of catastrophic injury, paralysis, and even death, as well as damages and losses associated with participation in gymnastics and cheerleading activities. It is hereby agreed that I, my child, adopted or otherwise, my executors, waive and release all rights and claims for damage that I may have at anytime against BECCA'S PLACE or it's representatives, paid or volunteer, or any injury or damages in connection with the above named programs or activities related to BECCA'S PLACE. This release includes but is not limited to any claims of negligence, premises liability, negligent hiring, negligent maintenance, failure to warn, negligent supervision, improper/dangerous equipment and is intended to be as broad as permissible under Kentucky Law.

COVID 19/Other Transmittable Virus/Disease

My/Our child/children has/have no physical or health conditions that would limit his/her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. I/We herby give permission for my/our child/children to have their temperature taken before participation in activities at BECCA's Place, participate in activities at BECCA's Place, and to work on all necessary equipment. We understand BECCA's Place will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/We understand that BECCA's Place may inform other participants of any confirmed COVID-19(or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; we waive all privacy related claims based on such disclosures. I/We assume all risk and hazards incidental to the conduct of this activity and transportation to and from this activity.

MEDICAL INSURANCE

I hereby certify that I have insurance on my child that will provide coverage while he/she is enrolled in the program. INSURANCE CO. _____ Policy Number _____ Group # _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I confirm that my child is in good health. I hereby authorize simple first aid and consent to any x-ray, exam, or medical treatment, or diagnosis that is deemed necessary in case of an emergency.

Doctor's Name _____ Phone Number _____

Special or Medical Conditions _____

Emergency Contact _____

WHEN/IF YOU NEED TO CANCEL SERVICES: (Please initial that the policy is understood)

____ Your child will be continuously enrolled in our program from month to month. If you intend to withdraw from classes, either temporarily or permanently, we require written notice. Please visit the office to complete the WITHDRAW SLIP seven days prior to the BILLING DATE (25th) for the following month. Failure to complete WITHDRAW SLIP will result in continued billing for services.

MARKETING RELEASE

____ I understand that my child's likeness may be used by BECCA'S Place, Inc. for ads, websites, and other promotional material for marketing purposes. These images will be used for BECCA'S Place, Inc. purposes only, and will not be sold or given to any outside sources.

BECCA'S PLACE GYM POLICIES

Please initial each policy below.

GYM AND LOBBY

___ I acknowledge and understand that all classes, regardless of age, time, or weather, will be released from the side door. Parents will pick up children from the side door and classes will not be permitted to exit through the lobby.

___ No videotaping is permitted from the lobby due to other gymnasts' privacy.

___ Please refrain from sitting on the counter or touching windows. Both make viewing difficult for other families.

___ Only gym participants and Parent/Tot parents will be allowed in the gym. We ask that you DO NOT TAP ON THE WINDOWS, because it is distracting and can cause someone to lose focus, which could result in an injury. NO COACHING FROM THE LOBBY. If you have other children in the lobby, please be respectful of the other parents and viewers. NO VIDEOTAPING IS PERMITTED BY ANY PARENT DUE TO GYMNAST PRIVACY.

___ I understand that children should never be left alone in the lobby unattended without a guardian present.

PARKING

___ Please refrain from parking along the wall in the front lot. It makes it difficult for other customers to get in and out. Do not park along median. ALL CARS MUST BE IN A PARKING SPOT.

CANCELLATION OR SUSPENSION OF SERVICES

___ Your child will be continuously enrolled in our program from month to month. If you intend to withdraw from classes, either temporarily or permanently, we require written notice. Please visit the office to complete the "WITHDRAW SLIP" seven days prior to the billing date (the 25th) for the following month. FAILURE TO COMPLETE THE "WITHDRAW SLIP" WILL RESULT IN CONTINUED BILLING FOR SERVICES.

MAKE-UP POLICY

___ I understand that class tuition will not be pro-rated due to my child's absence. All missed classes will be made up in a make-up class for FREE. Please see the front desk to schedule.

PAYMENT POLICY

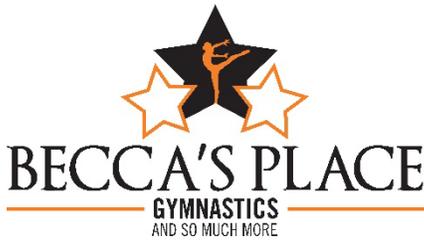
___ An annual membership fee of \$35.00 plus tax is due at time of registration. All payments are due the first week of the session. All sessions are monthly and billed on the 25th of the previous month. Any account not paid by the 1st will be charged a late fee of \$5.00. Accounts must be current by the 8th or your gymnast will not be permitted to attend class. Any account not current by the 15th will result in your child being removed from the class roster. We welcome your payment by check, but if it is returned for any reason your account will become a cash only account FOR 3 MONTHS. A \$50.00 returned check fee will be applied.

___ I understand that I am responsible for the cost associated with collecting delinquent payments, including but not limited to collection fees, attorney fees, and court costs.

SIGNATURE

I/We acknowledge that I/We have read and understand the Rules and Policies of BECCA'S PLACE. I/We will at all times abide by and have my/our child(ren) abide by the rules, regulations, and policies set forth by BECCA'S PLACE.

Parent Signature _____ Date _____



Class Date/Time _____
 Tuition _____

BECCA'S PLACE CONTACT INFORMATION

Stay up to date on important information such as when tuition is due, scheduled closing reminders, and inclement weather announcements.

Join our REMIND 101 group for your day! MUST DOWNLOAD APP to receive all messages

- Monday @beccasmo Enter class code in REMIND APP
- Tuesday @d92c4ga Enter class code in REMIND APP
- Wednesday @a88aggg Enter class code in REMIND APP
- Thursday @kkf7866 Enter class code in REMIND APP
- Friday/Sat @fb2g39b Enter class code in REMIND APP

For questions, comments, or concerns:

- Give us a call at (270) 862-9812
- Email info@beccasplacegym.com
- Message us on Facebook
- Stop by the front desk weekdays between 3:30 PM and 8:00 PM

Scheduled Closings/Holidays:

Note: Because tuition is based on 48 weeks per year, make-up classes are not offered for these dates.

Labor Day	Mon, Sep 1, 2025
Fall Break	Mon, Oct 6 – Sun, Oct 12, 2025
Halloween	Fri, Oct 31, 2025
Thanksgiving Break	Wed, Nov 26 – Sun, Nov 30, 2025
Christmas Break	Mon, Dec 22 – Sun, Dec 28, 2025
New Year's	Wed, Dec 31, 2025 – Thurs, Jan 1, 2026
Memorial Day	Mon, May 25, 2026
Summer Break	Mon, June 29 – Sun, July 5 2026

Important Dates & Reminders

- Tuition is billed on the 25th of each month for the upcoming month. (i.e. on January 25th tuition is due for February). Tuition must be up to date to not disrupt class attendance.
- Your gymnast must have a water bottle, hair off their face, and no jewelry (stud earrings are ok).
- Classes are released on the side of the building at the ramp.
- Performance Day is tentatively scheduled for May 16 – May 17, 2026
- PARENTS MUST PARK IN A PARKING SPOT. Do not park along the median or along the wall in front of the gym.
- Like and follow us on Facebook at facebook.com/BECCASGym.