EAGLE GYMNASTICS ACADEMY

Soar to new heights

Authorization for Automatic Withdrawal – Optional

I, _____, hereby authorize Eagle Gymnastics Academy, Inc. to keep my signature on file and automatically withdraw the **tuition** payment of $_____ **on the 20th of each month** to reserve my child's spot on team for the following month.

I hereby authorize Eagle Gymnastics Academy, Inc. to keep my signature on file and automatically withdraw the **enrollment fee** of $_____ on the anniversary of my child's enrollment along with the tuition dues for the month owing.

I understand that I must give Eagle Gymnastics Academy **two weeks notice** to withdraw my child from the program and stop this service.

I agree to contact Eagle Gymnastics Academy if there are any changes to my credit card account information.

CreditCard # _____-_____-_____-_____ exp ___/____ VISA MC

_____	_____	_____
Print Name	Sign Name	Date

Authorized by Management of Eagle Gymnastics Academy:

Proschool**:** _____ _____

Print Name Date

Photography Permission Slip – To be completed for all students

Occasionally, we would like to take photographs of our students for the following reasons:

- to be posted on our bulletin boards
- to be used for crafts during camps or Music, Muscles & More programs.
- to be used for promotional materials – brochures, advertisements, local newspapers and/or on our website.
- holiday cards (some staff members like to take pictures of their class to give to the children during the holidays).

Please fill out this form to let us know if we have permission to take photos of your child.

_____ I **do** give permission to Eagle Gymnastics Academy to take photographs of my child. I understand that these pictures can be posted in any media they choose.

_____ I **do not** give permission to Eagle Gymnastics Academy to take photographs of my child. Please move my child away from the area before taking any pictures.

Child's Name: _____ Child's Name: _____

Parent Signature: _____ Date: _____