

Evergreen Park & Recreation District 2023-24 Gymnastic Recreation Monthly Payment Agreement



_____ I understand/agree that to secure my child/children's spot in the gymnastics program, that I will be held accountable and responsible for **FULL payment for advance class registrations, and that my registrations are NON-REFUNDABLE.**

_____ I understand/agree with the payment schedule that was generated at the time of my class registration(s), that my monthly class fees will be paid on the **first of each session (6 weeks)**, with payments following each session thereafter. Some sessions may only have 5 weeks.

_____ I understand that EPRD has the right to cancel my child/children's class participation/registration at anytime; based on re-occurring insufficient funds and/or declined amounts from financial institutions. EPRD staff will make one attempt to contact the main contact in the household when EPRD is notified of a failed payment. If a declined payment is not resolved within 5 business days from the actual payment day, the enrolled participant will be removed from the program in which this agreement was initiated.

_____ I understand that my child/children's fee have no variables when it comes to multiple households, and that those payments must remain on the specified schedule.

_____ I understand in the event the gymnast(s) leaves the program, the undersigned agrees to pay a \$5 per child, per class cancellation fee. EPRD must be notified in writing (forms available online and at the front desk) **2 weeks** before the start of class. The District reserves the right to collect this cancellation fee as a penalty for terminating this payment plan agreement. Should fees not be paid, EPRD has the right to refuse future District programming until the past due fees are paid.

_____ I agree to the gymnastics waiver online by registering.

Starting _____, I authorize Evergreen Park & Recreation District, to initiate credit/debit entries for FULL payment of purchased amount. By signing below, I acknowledge terms and conditions in the agreement listed above. This authorization will remain in effect through May 2024 from the date of purchase. I have read and understand the terms of this agreement.

Payment Plan Initiated For (Participant): _____

Contact Email: _____

Class Name: _____ Day: _____ Time: _____

Customer Signature: _____

Payer Name (PRINTED): _____

Starting _____ Ending _____ (mths) Last 4 digits of CC on account _____ CVC code _____

FOR OFFICE USE ONLY:

Amount Total \$ _____ Monthly Payment: \$ _____

First Payment Date: _____ Last Payment Date: _____

EPRD Representative: _____ Date: _____