

**Evergreen Park & Recreation District 2022-23  
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 month**, with payments following each month thereafter.

\_\_\_\_\_ 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 have signed the COVID and gymnastics waiver online when I registered.

On \_\_\_\_\_, 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 2023 from the date of purchase. I have read and understand the terms of this agreement.**

Activity(s) 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: \_\_\_\_\_