



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## JAMES FAMILY PRESCOTT YMCA Prescott Lightning Gymnastics Parent Financial Responsibility

### 2019

- Annual Assessment \$290.00 Non-Refundable / Due January 15
  - New team members will be prorated according to entry date onto team
  - Will not be pro-rated or refunded if gymnast leaves before the season is over.
- Annual USAG Competition Athlete Number \$59.00 / Due July 1<sup>st</sup>
- Annual Program Fee \$30.00 Non-Refundable / Due Feb 1<sup>st</sup>
- Monthly Additional \$15.00 late registration fee will be added for payments made after the 5<sup>th</sup> of the month.
  - Level 2 \$78.00
  - Level Xcel \$100.00
  - Level 3 \$105.00
  - Level 4/5 \$125.00
  - Level 6-10 \$145.00
- Competitive Short Sleeve Leotard (Levels 2-5) \$ 39.50 plus Shipping and Tax
- Competitive Long Sleeve Leotard (Levels 2-5) \$84.99 plus Shipping and Tax
- Competitive Optional Leotard (Levels 6-10) \$273.00 plus Shipping and Tax
- Competitive Xcel Leotard (Bronze – Diamond) \$114.25 plus Shipping and Tax
- Competitive Warm-Up Jacket (All Levels) \$43.50 plus Shipping and Tax
- Competitive Warm-Up Capri's (All Levels) \$18.00 plus Shipping and Tax
- Prices and availability on uniforms subject to change. May take approximately 10-16 weeks to arrive.
- Meet Registration (2 per month of each competitive season) Approx \$100.00 each
  - We are a competitive team; thus we require a minimum of 5 meets per season
    - Compulsory Levels 2-5 Two seasons
      - September-November Short Sleeve Leo
      - January-May Long Sleeve Leo
    - Optional Level 6-10 & Xcel have one season
      - January-May Optional / Xcel Leo
    - Meet payments must be made by deadline. No late entries will be accepted.
  - YMCA Nationals (out of state)
    - Usually towards the end of June or beginning of July.
    - We represent the whole State of Arizona. Some families incorporate their summer vacations with the YMCA Nationals. Start planning now.
- Membership and program payments must be current with no balance owed before gaining facility access or signing up for another program.

I have read and I understand and agree to our financial responsibilities.

Gymnast Name \_\_\_\_\_ Level \_\_\_\_\_

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