



Student Name _____ Date of Birth _____
 Student Name _____ Date of Birth _____
 Mailing Address _____ City _____ Zip _____
 Primary Phone # _____ Secondary Phone # _____
 Email address _____ Phone # for text notifications _____

Term: Fall Semester _____ Spring Semester _____ 1 Year (2 Semesters) _____

CLASS 1: _____ DAY _____ TIME _____
 CLASS 2: _____ DAY _____ TIME _____

- SIBLING DISCOUNT (applied to the least expensive rate)
 MULTI CLASS DISCOUNT (applied to the least expensive rate)

PAYMENT METHOD:

- CASH
 CHECK
 EFT (Electronic Funds Transfer via Credit Card or Bank Acct.)

REGISTRATION FEE: \$ _____
 FIRST MONTHS FEE: \$ _____
 BALANCE: \$ _____ NOTES: _____

SEMESTER FEE: \$ _____ x 4 monthly payments drawn on the 20th of each month. Oct- Jan or March-June
BALANCE: \$ _____

Member hereby warrants, represents and agrees that he/she is in good physical condition with no disabilities, impairments or ailments preventing use of the facilities and participation in active and/or passive exercise. Member(s) also agrees that they will not hold the Center, its Agents, Directors or Employees liable for any injury received by the member(s) including children, while attending the Center.

Parent/Student initials: _____

Parent/Student signature _____ Date _____
 (if under 18 years of age)
 Staff printed name: _____ Date _____

Thank you for your continued patronage. If there is anything we can do to make your visits more enjoy-able or effective, please do not hesitate to let us know. Your complete satisfaction with our facilities, programs and services is our number one priority.

