



# Freeze Membership Form

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Freezing Membership: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Freeze Date: \_\_\_\_\_ Reactivation Date: \_\_\_\_\_

I, \_\_\_\_\_, would like to freeze my membership with Gravity Gymnastics. I understand that membership can be frozen for a minimum of four weeks and a maximum of eight weeks. **I must continue to pay my Monthly Fee until the Effective "Freeze Date"**. By signing this form your membership will become inactive and your benefits will not apply during the "Freeze Period". **Membership will be automatically reactivated after the Freeze Period; therefore, your child will be registered in his/her current class/es, and your account will be charged for your monthly tuition on the credit card provided by you, the client, and kept on file (electronic vault).** If you'd like to cancel membership, you must do so before the Reactivation date by filling out the "Withdrawal Form".

I, \_\_\_\_\_, understand the policies explained above and hereby abide to follow them.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 1st Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Class: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

## 2nd Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Class: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_

## 3rd Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Class: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \_\_\_\_\_