

# Gravity Membership Selection and Class Designation Form

**Parent/Guardian Information:**

Date: \_\_\_\_\_

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

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

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

How did you hear about us: \_\_\_\_\_

**1st Child Information:**

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School he/she attends: \_\_\_\_\_

**Choose Intensity Level:**

1st Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Choose Membership Benefits:**

Bronze Level: \_\_\_\_\_ Silver Level: \_\_\_\_\_ Gold Level: \_\_\_\_\_

Monthly Tuition 1st Child: \$ \_\_\_\_\_

**2nd Child Information:**

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School he/she attends: \_\_\_\_\_

**Choose Intensity Level:**

1st Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Choose Membership Benefits:**

Bronze Level: \_\_\_\_\_ Silver Level: \_\_\_\_\_ Gold Level: \_\_\_\_\_

Monthly Tuition 2nd Child: \$ \_\_\_\_\_

**3rd Child Information:**

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School he/she attends: \_\_\_\_\_

**Choose Intensity Level:**

1st Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Class: Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Choose Membership Benefits:**

Bronze Level: \_\_\_\_\_ Silver Level: \_\_\_\_\_ Gold Level: \_\_\_\_\_

Monthly Tuition 3rd Child: \$ \_\_\_\_\_

**Enrollment Information:**

One Child Enrollment: \$ \_\_\_\_\_ Family Enrollment: \$ \_\_\_\_\_

Enrollment fee is to be paid upon registration; charged only once as long as membership continues to be active.

# Gravity Gymnastics' Membership Selection Form

## Credit Card Authorization

<p><b>Calculating your Monthly Investment:</b></p> <p>1st Child:     \$ _____ / Month</p> <p>2nd Child:     \$ _____ / Month</p> <p>3rd Child:     \$ _____ / Month</p> <p>4th Child:     \$ _____ / Month</p> <p>Total Monthly Charge: \$ _____</p>	<p style="text-align: center;"><b>Congratulations for making an investment in your family's physical wellness with a Gravity Gymnastics Membership Plan!</b></p> <p style="text-align: center;"><b>Your total monthly charge will be \$ _____ each month.</b></p> <p><b>Cancellation Policy:</b>          You may cancel your membership by providing Gravity Gymnastics 30 days written notice by completing the Notification of Withdrawal Form. I must continue to pay my "Monthly Fee" until the "Withdrawal Effective Date". There is <b>no fee to cancel membership.</b> _____          (initial).</p>
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I, \_\_\_\_\_, hereby authorize Gravity Gymnastics to charge my credit card below for my child/children's monthly membership at Gravity Gymnastics. I understand that my card will be charged the Total Monthly Charge shown above on or around the 15th of each month, from this month forward, unless there is a change to my membership or I decide to cancel. I understand that cancellation of my membership requires 30 days written notice.

Credit Card Type: \_\_\_\_\_ #: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Participation Agreement Form

### Acknowledgement of Policies, Risk and Waiver of Liability - Read before signing!

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, use of inflatables, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Gravity Gymnastics programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Gravity Gymnastics, its officers, directors, share holders, employees, volunteers, and all other associated with the corporation(s) from liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of Gravity Gymnastics. I also understand that Gravity Gymnastics retains the rights to use any photographs, videotapes, motion pictures recordings, or any other record of events for publicity, advertising, or any legitimate purposes.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Gravity Gymnastics reserves the right to cancel classes that do not have sufficient enrollment and transfer students. Additionally, I understand and agree to abide by Gravity Gymnastics Make-up policy.

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

Print Name \_\_\_\_\_