



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: _____ 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: _____ 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: _____ 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.

Guidelines:

_____ I have received "Gravity Guidelines and General Policies" and agree to follow all policies. (Please initial)

Gravity Gymnastics' Membership Selection Form

Credit Card Authorization

Calculating your Monthly Investment:

1st Child: \$_____ / Month
 2nd Child: \$_____ / Month
 3rd Child: \$_____ / Month
 4th Child: \$_____ / Month
 Total Monthly Charge: \$_____

Congratulations for making an investment in your family's physical wellness with a Gravity Gymnastics Membership Plan!

Your total monthly charge will be \$_____ each month.

Cancellation Policy:

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 **no fee to cancel membership.** _____ (initial).

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 10th 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 _____