



REGISTRATION FORM

Mom Name: _____ Last Name: _____ Mom Cell: (____) _____

Dad Name: _____ Last Name: _____ Dad Cell (____) _____

Home Phone (____) _____ Emergency Contact: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip _____

Email Address: _____ Alternate Email: _____

Child (1) First Name: _____ Last Name: _____ Date of Birth: _____ Grade: _____ Sex: M F

Medical Conditions: _____

Participating In: **REC CLASSES** **RAGE CHEER** **TEAM** **OPEN GYM/BOUNCE** **TRIAL** **CLINICS**
(please circle all that apply)

Class Name: _____ Day: _____ Time: _____ Instructor: _____

Child (2) First Name: _____ Last Name: _____ Date of Birth: _____ Grade: _____ Sex: M F

Medical Conditions: _____

Participating In: **REC CLASSES** **RAGE CHEER** **TEAM** **OPEN GYM/BOUNCE** **TRIAL** **CLINICS**
(please circle all that apply)

Class Name: _____ Day: _____ Time: _____ Instructor: _____

How did you hear about us? _____

PAYMENT INFORMATION

_____ a) **AutoPay Monthly** **Visa** **MasterCard** **Discover**
Initial

I understand my bank/credit card tuition payment is continuous until I complete and return a cancellation form and any unpaid balances have been paid. Cancellation forms must be in writing by the 25th of the month prior to the month of desired month of cancellation. I agree and abide by the cancellation procedure. I will be billed the total amount due on my account on the 26th of every month. My class enrollment will be terminated if a payment is uncollected, my accounts are closed without notification, or I revoke authorizations. Any penalty imposed by my bank for uncollected funds is my responsibility. I understand I need to fill out the credit card authorization form attached.

_____ b) **Bi-Monthly Prepay** _____ **Drop Date**
Initial (office use)

I understand that classes are scheduled on a 2-month basis and that my tuition is due by the 26th of the 2nd month. I understand that if I do not pay by the 26th of the month that my child will be dropped from enrolled classes. Cancellation forms must be in writing by the 25th of the month prior to the desired month of cancellation. I agree to the cancellation procedure.

Office Use:	AutoPay Tuition _____
Staff Registering _____	Bi-Monthly Tuition _____
	Prorated Tuition _____
ICLASS _____	Registration Fee _____
Drop Date _____	Total Pd Today _____
(Initial if applicable)	

I have read and am familiar with the safety guidelines and policies within the registration packet.
Signature: _____
Date: _____