Logo, company name

Description automatically generated

SPRING/SUMMER REGISTRATION FORM

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please text me class updates \_\_\_\_\_\_ NO Text \_\_\_\_\_\_

\*CLASSES FOR WHICH YOU ARE REGISTERING \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_AM/PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_AM/PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_AM/PM

**IMPORTANT INFORMATION-PLEASE READ AND CHECK THIS BOX WHEN DONE**

* **Memberships are for FULL season, no monthly option.** All season pass purchases are final.
* **We require a credit card number on file. Cards are automatically charged every 4 weeks. If you do not want your card charged, please be sure to drop off cash or check no less than 3 days prior to our charge dates.**
* NOTE: $35 fee for returned checks, and $20 fee for declined credit cards.
* You will receive a confirmation notifying you of your classes and any additional classes that you are entitled to, based on days the studio is closed.
* Any cancelations due to unforeseen circumstances, entitles you to a ‘make up’ class. You have until the last day of the current season (excluding bein hazmanim) to use your classes.
* Memberships and class changes can only be upgraded not downgraded.
* There will be a $180 fee for cancelation of season pass enrollment. Cancelation must be submitted in writing.
* Memberships are non-transferable.
* Medical freeze requests from a Dr. must be submitted in written form.
* I hereby voluntarily waive any and all claims to Fusion Fitness with Syma LLC,, the fitness instructor, or home owner, resulting from any/all negligence that may occur. I understand that I will be held responsible for any injuries or damages.

|  |  |  |  |
| --- | --- | --- | --- |
| SEASON PASS PRICES  APRIL 22-OCT 4  *(Excluding Bein Hazmanim July 27-August 24)*  PLEASE CIRCLE THE PACKAGE YOU WISH TO PURCHASE:  2 X weekly $80 /month MONTHLY BABYSITTING RATES:  3 X weekly $105 /month 8 classes $25 12 classes $30  4 X weekly $130 /month 16 classes $35 Per time $6  VIP unlimited $145 /month | | | |
| CREDIT CARD INFORMATION:  Card Type: VISA/MasterCard  We DO NOT accept AMEX and Discover  Card #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  Card Expiration: Month:\_\_\_\_\_\_ Year:\_\_\_\_\_\_ |  | OFFICE USE ONLY  . NEW MEMBER-KEYTAG . RETURNING\_\_\_\_\_\_\_\_\_ . UPDATE EXP DATE  SIGN UP DATE:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_  CLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM  CLASSDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM  CLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM  CLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM  EXCEL RHINO REMIND |

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_