

HIGH SCHOOL AUTUMN/WINTER REGISTRATION FORM

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

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

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

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

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

Date Of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_

 Classes for which you are registering:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: 7 PM

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| SEASON PASS PRICESFULL PAYMENT IS REQUIRED PRIOR TO CLASS ATTENDANCEPrices listed are for full semester attendance. If joining after start date, fees will be calculated at $20 per class for remaining classes. Thursday November 6th - Feb 5th (15 sessions) $270 Mtz”shb November 1st -Jan 24th (12 sessions) $215 |
| CREDIT CARD INFORMATION:Card Type: VISA/MasterCard We DO NOT accept AMEX or DiscoverCard #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Card Expiration: Month:\_\_\_\_\_\_ Year:\_\_\_\_\_\_ Card Verification (3 digits on back of card):\_\_\_\_\_\_\_\_\_\_\_\_ |   | OFFICE USE ONLY. NEW MEMBER-KEYTAG . RETURNING\_\_\_\_\_\_\_\_\_ . UPDATE EXP DATESIGN UP DATE:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_CLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM CLASSDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PMCLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PMCLASS DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM  EXCEL RHINO REMIND |

**IMPORTANT INFORMATION**

* There will be a $35 fee for returned checks and a $20 fee for declined credit card transactions.
* **All season pass purchases are final.**
* There will be a $90 transaction fee for cancelation of season pass enrollment. Cancelation must be submitted in writing.
* Your child’s membership is not transferable.
* I understand that refunds are not offered.
* 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 incurred.
* ***By submitting your contact information, you are giving Fusion Fitness with Syma LLC* *express written consent to send you communications via SMS messages. You may withdraw your consent or unsubscribe from these communications at any time. Message frequency varies. Message & data rates may apply.***

Signature of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_