Logo, company name

Description automatically generated

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

|  |  |  |  |
| --- | --- | --- | --- |
| SEASON PASS PRICES  FULL PAYMENT IS REQUIRED PRIOR TO CLASS ATTENDANCE  Prices 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 Discover  Card #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  Card Expiration: Month:\_\_\_\_\_\_ Year:\_\_\_\_\_\_  Card Verification (3 digits on back of card):\_\_\_\_\_\_\_\_\_\_\_\_ |  | 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 |

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_