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. Memberships are non-transferable.
* **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.
* 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.
* ***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.***

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| --- | --- | --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_