

# Fusion Fit Adult Gymnastics Program Registration Paperwork

## Personal Information

Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physical activities, workouts or sport(s) you partake in: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Allergies: \_\_\_\_\_

Injuries within the last year: \_\_\_\_\_

Other considerations, limitations or notes: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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## Class Registration

Select one:

- |   |             |
|---|-------------|
| <input type="checkbox"/> Adult Gymnastics (beginner, 1x/week) | \$70/month  |
| <input type="checkbox"/> Adult Gymnastics (beginner, 2x/week) | \$140/month |
| <input type="checkbox"/> Adult Gymnastics (advanced, 1x/week) | \$100/month |
| <input type="checkbox"/> Adult Gymnastics (advanced, 2x/week) | \$180/month |

Single session/drop in	\$20/class
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## Payment Info

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp date: \_\_\_\_\_

CCV: \_\_\_\_\_

Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Class days/times:

Beginner Classes:

Tuesdays and Thursdays 6:30-7:30 pm

Mondays and Thursdays 11:00 am-12:00 noon

Advanced Classes:

Tuesday & Thursday, 6:30-8:00 pm

## Payment Policies

Dues are billed on the date of registration(start date) of each month unless otherwise noted. You may begin at any time during the month. Dues will not be prorated, but will be charged on a recurring basis from the day of start monthly. Monthly fees are based on sessions and duration and billed monthly. We do not prorate tuition for holiday breaks. Fusion Fit reserves the right to make changes to the monthly due. No prorating is done for classes when the gym is closed. Pricing is posted as a monthly service.

## Automatic Payments

By submitting my credit card information, through the secure, online registration process, I authorize Fusion Fit to automatically charge my card for monthly fees on the designated start date each month unless otherwise noted in the class information. I must notify Fusion Fit before the first of the month if I want to change my method of payment.

\*\* I understand that I must email Fusion Fit a clear notice by the 15th of the month proceeding the month I intend to stop classes (15 day notice). If I do not, I agree that I will be charged for the month.\*\*  
Example: I want to discontinue classes for September. I must notify Fusion Fit by August 15th that I will not be continuing for September.

I give Fusion Fit permission to charge my card for the selected gymnastics classes and services.

Signature: \_\_\_\_\_

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## LIABILITY RELEASE

In consideration of allowing the above-named individual to participate in training, we agree to release and hold Fusion Fit, Coastal Gymnastics, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence.

I hereby grant permission to Fusion Fit and Coastal Gymnastics to provide any emergency medical care that they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities. I further authorize the Trainers and coaches to provide any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities. If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to Fusion Fit and/or Coastal Gymnastics to seek necessary treatment at a hospital or health care center.

## ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the individual will be under the supervision and the instructions of the coach in order to reduce the risk of injury to the athlete and other athletes. However, we acknowledge and understand that neither the coach, nor Fusion Fit or Coastal Gymnastics can completely eliminate the risk of injury in training, exercise and fitness. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

## Coastal Gymnastics Liability Release:

### Assumption of Risk:

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

### Release of Liability

Having been informed of the activities to be conducted by Coastal Gymnastics Center, I, a parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program, including the use of inflatables. In consideration of my or the student's membership acceptance to Coastal Gymnastics Center, I hereby forever waive, and forever release and discharge Coastal Gymnastics Center's, owners, directors, professional consultants, and employees, from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

I agree to the above policies and release any liability of Fusion Fit and Coastal Gymnastics:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_