Office Use Only

Free Trial Date _____

Class _____ Team _____

Private _____

Athlete Information and Release

Office Use Only

Start Date _____ Shirt_____

CK / Cash / CC New Re-enroll

Name: _____ DOB _____ Main Phone: _____

Address:_____ Athlete Cell Phone: _____

City, State, ZIP: _____ Athlete E-mail: _____

Current School: _____ HS Graduation Year: ____ Fax Number: _____

Mom's Name: _____ Cell:_____

Email mandatory for parent notification of updates and changes.

E-mail: _____ Work:_____

Dad's Name: _____ Cell_____

E-mail: _____ Work:_____

Emergency Contact and Numbers:_____

Insurance Co._____ Medications Allergies _____

How did you hear about the gym? _____ Doctor _____ Phone _____

Authorization and Release

*I authorize Spirit Xtreme, Inc. and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization

*I, the parent or legal guardian of the above named student hereafter referred to as 'student', do hereby permit the 'student' to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Spirit Xtreme, Inc. I assume full responsibility for 'students' personal safety and release Spirit Xtreme, its supervisors and employees from any and all liabilities that may arise due to any injury including death to 'student' by reason of 'students' participation in any activity at Spirit Xtreme or in which Spirit Xtreme is participating elsewhere. I further attest and acknowledge that my child is in good health and condition and is physically able to participate in all activities offered through Spirit Xtreme, clinics, classes and all other gym related events.

*I authorize Spirit Xtreme, Inc. to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

*I authorize Spirit Xtreme, Inc. to register my athlete for the Newsletter.

*I understand the first month's tuition as well as the yearly registration will be required to be paid in full when registering for activities at Spirit Xtreme. I understand that I must give 14 days written notice in advance of dropping any class/activity at Sprit Xtreme.

*I understand all monthly tuitions at Spirit Xtreme are due on the 1st day of each month. I understand that it is my responsibility to make sure Spirit Xtreme receives my full monthly tuition including any unpaid balance on my account on or before the 15th day of the month. I understand I will be charged a $20 late fee if my account is not paid by the 15th of the month, and 'student' may be withheld from participating in activities at Spirit Xtreme.

*I understand I must pay an annual registration fee of $35 to enroll in any activities at Spirit Xtreme.

*I understand any payment on my account returned unpaid for any reason(NSF, expired CC) will incur a $25.00 NSF fee and a $15 late fee. I understand Spirit Xtreme does not refund tuition for ANY REASON.

I have read, understand and execute this release and acknowledgment:

Parent/Legal Guardian Signature: _____Date: _____

CC____ ACH____ IC____