



**Home School Gym Registration- Fall Session 1 (7 Week Program)**

- Time: 12pm-2pm

-Start Date: October 19<sup>th</sup>- December 7th

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/Grade: \_\_\_\_\_

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

Phone: (        )- \_\_\_\_\_ - \_\_\_\_\_

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

**Due at signing of Agreement: First Child: \$95   Second Child: \$75   Third Child: \$45**

**GRAND TOTAL: \_\_\_\_\_**

***Credit Card Information:***    Visa    Mastercard    Discover    (Circle One)

Account # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name on Card \_\_\_\_\_ Exp date: \_\_\_\_\_ CVV2 \_\_\_\_\_

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities at Team85 Fitness & Wellness. I give to Team85 Fitness & Wellness and its designees, agents, and assigns unlimited permission to use, publish and republish in any form of media, reproductions of my likeness, or my likeness photographic or otherwise, with or without identification of me.

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