

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER, INC.
REGISTRATION FORM

Phone # (Account #) _____ Mother _____ Father _____ Last Name _____
(First name) (First name)
Mother's E-Mail _____ Father's E-Mail _____
Mother's Ph.# _____ Father's Ph.# _____ Emergency Name _____ Emerg. Ph. # _____
Mailing Address _____ City _____ Zip _____
Billing Name if other than above _____ Address _____ Phone _____

STUDENT #1

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____
Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

For office use: Comp _____ Book _____

STUDENT #2

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____
Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

Health/Personal Concerns _____ For office use: Comp _____ Book _____

Participation in our activities may involve motion, rotation, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc., its owner, coaches & employees from any and all claims, illness, or injuries of the participant which may result from participation in the program. I acknowledge that Acrobatic Academy is not responsible for any lost or damaged personal property. **I understand that payments are due the 1st of the month and that a \$5.00 late fee will be assessed for class payment received after the 10th of any month.** All payments are payable to Acrobatic Academy Inc ("AAI") and all classes will be held on premises. I understand that **a 30-day written notice of drop is to be submitted the first of the month**, along with the monthly payment in order to discontinue class. The account will be billed for all classes up to and including the drop notice. Students must re-register and pay the registration fee upon return. Registration fee is a yearly fee due every Sept. 1st. If enrolling in the summer, registration fee is discounted for summer months and full registration fee will be due by Sept. 1st. The registration fee is non-refundable. This acknowledgment of assumption of risk & accounting policy is valid for any and all classes & activities. I give Acrobatic Academy Fitness & Education Center, Inc. and/or any companies representing Acrobatic Academy, permission to call my cell phone for business purposes. As parent/legal guardian of an AAI student, I hereby grant my permission to use photographs/video for any legal use, including but not limited to: publicity, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I have read and understand the above statement. Date _____ Signature _____

Auto Pay
Y or N
Circle

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER, INC.
REGISTRATION FORM

Phone # (Account #) _____ Mother _____ Father _____ Last Name _____
(First name) (First name)
Mother's E-Mail _____ Father's E-Mail _____
Mother's Ph. # _____ Father's Ph. # _____ Emergency Name _____ Emerg. Ph.# _____
Mailing Address _____ City _____ Zip _____
Billing Name if other than above _____ Address _____ Phone _____

STUDENT #1

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____
Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

For office use: Comp _____ Book _____

STUDENT #2

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____
Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

Health/Personal Concerns _____ For office use: Comp _____ Book _____

Participation in our activities may involve motion, rotation, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc., its owner, coaches & employees from any and all claims, illness, or injuries of the participant which may result from participation in the program. I acknowledge that Acrobatic Academy is not responsible for any lost or damaged personal property. **I understand that payments are due the 1st of the month and that a \$5.00 late fee will be assessed for class payment received after the 10th of any month.** All payments are payable to Acrobatic Academy Inc ("AAI") and all classes will be held on premises. I understand that **a 30-day written notice of drop is to be submitted the first of the month**, along with the monthly payment in order to discontinue class. The account will be billed for all classes up to and including the drop notice. Students must re-register and pay the registration fee upon return. Registration fee is a yearly fee due every Sept. 1st. If enrolling in the summer, registration fee is discounted for summer months and full registration fee will be due by Sept. 1st. The registration fee is non-refundable. This acknowledgment of assumption of risk & accounting policy is valid for any and all classes & activities. I give Acrobatic Academy Fitness & Education Center, Inc. and/or any companies representing Acrobatic Academy, permission to call my cell phone for business purposes. As parent/legal guardian of an AAI student, I hereby grant my permission to use photographs/video for any legal use, including but not limited to: publicity, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I have read and understand the above statement. Date _____ Signature _____

Auto Pay
Y or N
Circle