

*****My Gym MUST receive your form in order to process... Questions please call us!**

PLEASE SEND TO:

MY GYM CHILDREN'S FITNESS CENTER, 311 East County Line Road 16A, Littleton, CO 80122



**Membership Agreement
Authorization Form**

Valid only at the following location:
My Gym Children's Fitness Center
 311 E. County Line Road Suite 16A
 Highlands Ranch, CO 80122
 (303) 730-3087
mygymco@yahoo.com
www.my-gym.com

Agreement #:
 (Generated by PC Charge)

To be completed by Billing Contact (Please print clearly.)

Billing Contact's First Name	Last Name	Home Phone	Cell Phone	Work Phone
Mailing Address				
City		State	Zip	Email

I, _____, elect to have my recurring tuition automatically charged to my credit or debit card every four (4) weeks from my first scheduled class. I authorize my bank/credit card company to make my recurring payment by the method designated below and to post it to my account.

Total Recurring Amount: \$ _____ **First Scheduled Class:** ____ / ____ / 20
 (To be completed by My Gym representative) (To be completed by My Gym representative)

Method of recurring payment: Visa Master Card

Credit Card Number: _____ **Credit Card Exp. Date:** _____

Credit Card Billing Address:
 Same as above Other: _____

CHILD'S NAME: _____ **CLASS (Day/Time):** _____

Signature: X **Date:** ____ / ____ / 20

MY GYM POLICIES

Attendance and Make-ups:
 Tuition is based on four (4) weeks of class programming. This includes one (1) structured class and **unlimited** Free Plays per week. Members must inform the gym of an absence a minimum of 2 hours in advance to be eligible for a make-up. Each make-up must be completed within four (4) weeks of the missed class. There may be short periods when My Gym is closed or classes are not running. If this occurs and a class is missed, the member is entitled to a make-up. **Initial:** _____ ←

Cancellation:
 This agreement constitutes a continuous payment plan and will remain in effect until terminated by the member. Your child will automatically remain enrolled at My Gym until an official Cancellation Request Form (CRF) has been completed and submitted in person. It is agreed that, when a CRF has been received, **the member will be responsible for one final payment on the next scheduled date. This agreement will terminate four (4) weeks from that last scheduled payment.** Children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that date. **Initial:** _____ ←

Insufficient Funds:
 A fee of \$15.00 will be charged for all returned payments.

Term:
 Members agree to remain enrolled for a minimum of two (2) consecutive, recurring payments.

Below - My Gym Official Use Only

To be completed by My Gym representative

Child Enrolled	Initial Class Code	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Accepted by: _____ Date: ____ / ____ / 20	Date of First Recurring Charge: ____ / ____ / 20 Total \$: _____ Processed by: _____ on: ____ / ____ / 20
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*****Parents- please fill-out before your child attends a My Gym event!**

Thank You.

Waiver of Liability

Release/Indemnification of all Claims and Covenant not to Sue NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By entering My Gym Highlands Ranch you accept this agreement, and give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to you or to your property or for your death however caused arising out of your use of My Gym Highlands Ranch, now or any time in the future.

I ACKNOWLEDGE AND AGREE that the use of and participation at My Gym Highlands Ranch has inherent risks. I have full knowledge of the nature and extents of all risks associated with indoor playground equipment and activity at My Gym Highlands Ranch, and, on behalf of myself and the children in my guardianship, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I agree that I shall comply with all, posted safety signs, rules, and verbal instructions as conditions for participation in activities at My Gym Highlands Ranch. If I observe any hazard during our participation, I will bring it to the attention of the nearest My Gym Highlands Ranch employee. On behalf of myself, my heirs, representatives, executors, administrators, and assigns I HEREBY DO RELEASE, INDEMNIFY, AND HOLD Kass, LLC and My Gym Highlands Ranch, its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against My Gym Highlands Ranch, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my use of the My Gym Highlands Ranch facility, whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of My Gym Highlands Ranch, its officers agents, and employees.

Today's Date: _____

Participant's Name: _____ E-mail: _____

Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Guardian Signature is Required: _____ **Please Print Name:** _____
(Participant's signature if 18 or over or Parent or Legal Guardian)



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(303) 730-3087**

AMENDMENT FORM to Contract



**Amendment to
Membership Agreement Authorization Form**

I, _____, agree to the following change in my Membership Agreement Authorization Form.

Add the following child/children to my Agreement: _____

Remove the following child/children from my Agreement: _____

Move the following child/children to another age group with a different fee: _____

Other or Change your credit card info: _____

**I understand that all policies from my original Membership Agreement Authorization will remain in effect.
If canceling enrollment, I understand that, as stated in my Membership Agreement Authorization,
I am responsible for one final payment on the next scheduled payment date.**

Signature: _____

Date: _____

PLEASE SEND TO:

**MY GYM CHILDREN'S FITNESS CENTER
311 East County Line Road 16A
Littleton, CO 80122
Fax: (303) 730-3141**

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CANCELLATION FORM to Contract (303) 730-3087**



Cancellation Request Form

As per my Membership Agreement Authorization, I understand I am responsible for one final payment on the next scheduled date. **The agreement will terminate four (4) weeks from that last scheduled payment date.** In addition, I understand that my child/children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that date.

I, _____, request the discontinuance of my recurring billing for the following student(s):

Student(s): _____

Reason for Cancellation: _____

Signature: _____ **Date:** _____

Submitted on: ____ / ____ /20 **Last Payment:** ____ / ____ /20 **Contract Expiration:** ____ / ____ /20
(28 days from the last payment)

Accepted by: _____ **Processed by:** _____ **Date:** ____ / ____ /20

PLEASE SEND TO:

**MY GYM CHILDREN'S FITNESS CENTER, 311 East County Line Road 16A, Littleton, CO 80122
 Fax: (303) 730-3141**

Student Information	
Child's name: _____	DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Reason for enrollment: _____	Disabilities: _____
Specific dislikes, fears or phobias: _____	Allergies: _____
Sibling: _____ Sibling: _____ Sibling: _____	DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about My Gym: <input type="checkbox"/> friend <input type="checkbox"/> advertisement <input type="checkbox"/> mailer <input type="checkbox"/> flyer <input type="checkbox"/> other: _____	
Parent Information	
Parent's name: _____	Home phone: _____
Address: _____	Cellular/ Pager: _____
City: _____	Email address: _____
State: _____ Zip: _____	Work phone: _____
Doctor's name: _____	Doctor's phone: _____
Emergency contact and phone: _____	
<small>RELEASE: In case of emergency and I cannot be reached, I authorize the staff of MY GYM to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I hereby give my consent to my child's participation in the activities of MY GYM, and hereby absolve, release and hold harmless MY GYM and all of its officers, directors, shareholders, agents, representatives, attorneys, employees, owners, successors, assigns and other affiliates from any and all liability for any injuries or damages that my child may suffer in connection with the activities sponsored by MY GYM or in which my child may participate.</small>	
Parent/ Guardian Signature: _____ Date: _____	