



www.premierathletics.com

ADULT Registration Form

NAME: First _____ Last _____

Home Phone ____/____-____ Mobile Phone ____/____-____

Work Phone ____/____-____

Emergency Phone ____/____-____ Name of Emergency Contact _____

Relationship _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Driver's License # _____ State _____

Company/Employer: _____

Health Insurance Company: _____ Policy Number _____

Group Number: _____ Health Phone Number: ____/____-____

Any intolerance to drugs and medication: _____

Any previous illness, condition, or injury the gym's staff should be aware of: _____

Please circle ALL Premier advertising that you have seen or heard: Newspaper Magazine Flier Radio Ad School Program Phone Book

Other: _____

BE SURE TO SIGN THE BACK OF THIS SHEET!

OFFICE USE ONLY

CLASS _____ DAY _____ TIME _____ INSTRUCTOR _____

TRIAL ____/____ START ____/____ ICLASS ENR CHG PMT CP AUTO

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, agree to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by Varsity Spirit Corporation d/b/a Premier Athletics. I, in my own behalf, further agree to release and to hold harmless Varsity Spirit Corporation on whose premises the activities will occur (hereinafter the "Location") the affiliates of Varsity Spirit Corporation and the Location, and the respective directors, officers, representatives, members, agents and employees of Varsity Spirit Corporation, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) I may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf, have signed this document voluntarily and of my own free will.

Signature: X _____ Date: _____

Medical Release. I, in my own behalf, acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf, acknowledge that I am assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Varsity Spirit Corporation d/b/a Premier Athletics to obtain necessary medical treatment for me and hereby, in my own behalf, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for any illness or injury that I may sustain during the Activities and while traveling to and from the site of the Gym whether or not the Gym activity actually occurs.

Appearance Agreement. I understand that Varsity Spirit Corporation d/b/a Premier Athletics from time to time produces promotional material relating to its programs. I understand as a participant and/or a spectator that I may be included in video or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf, hereby assign, transfer and grant to Varsity Spirit Corporation d/b/a Premier Athletics, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video me and to utilize such video and photographs and my name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Varsity Spirit Corporation nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature: X _____ Date: _____

Monthly tuition for all classes is due **on or before the 20th day** of each month in the form of cash, check, or cc. The tuition rate will increase by \$10 on the 21st of the month. Unpaid students as of the 1st of the month will lose their spot in the class. Students who attend a class, private lesson or team practice without providing payment in advance will automatically be billed on their credit card (*No late fees will be added*).

Team member payments are due by the 20th of each preceding month (for example, June's tuition is due on May 20th). Tuition will increase on the 21st of the month by \$15.

30 days written notice is required for dropping classes, teams, etc. We will be happy to put you on **AUTO PAY** status and have your billing occur automatically on the 21st of each month. Please check the AUTO PAY box if you wish to choose this options.

<input type="checkbox"/> AUTO PAY OPTION BE SURE TO RECEIVE AUTOPAY INSTRUCTIONS AND EITHER COMPLETE THE PROCESS AT THE GYM OR TODAY AT YOUR HOME.
