



MEMBER INFORMATION Please complete all fields and print clearly.

MEMBER FIRST NAME		LAST NAME		DATE OF BIRTH	
EMAIL ADDRESS					
STREET ADDRESS		CITY		STATE ZIP	
MOBILE PHONE		HOME PHONE		HOW DO YOU PREFER TO BE CONTACTED	
				<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	
EMERGENCY CONTACT FIRST NAME		LAST NAME		RELATION CONTACT NUMBER	
HOW DID YOU HEAR ABOUT US <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> WEB <input type="checkbox"/> SOCIAL MEDIA _____ <input type="checkbox"/> REFERRAL, Who can we thank? _____					

PERFORMANCE TRAINING GROUP CLASS COSTS

*Billing will recur monthly until a 30-day cancellation request is submitted to dking@sportimeny.com BILLING INFORMATION <input type="checkbox"/> I authorize SPORTIME to bill my credit card on file	<input type="checkbox"/> 1 X Week \$69 per month (\$49 per additional family member)
	<input type="checkbox"/> 3 X Week \$99 per month (\$69 per additional family member)
	<input type="checkbox"/> Unlimited \$125 per month (\$99 per additional family member)
	<input type="checkbox"/> please use this card <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISC

CARD NUMBER

Expiration

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

By signing below I agree that I am the named participant and that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further agree to adhere to the terms of the payment plan I have chosen above, and that if my account is not paid as required SPORTIME may charge my bank account/credit card on file for the full amount past due plus a late fee. I acknowledge and agree that there are certain inherent dangers in exercising and in participating in other SPORTIME programs, services and activities, and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by me in, on or about the premises of SPORTIME, or arising out of the use or intended use of any facilities, equipment or other property of SPORTIME. I hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of an accident or injury to me, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible. I accept that enrollment in SPORTIME programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. I also understand that membership is required for participation in certain SPORTIME programs. SPORTIME reserves the right to close for repair or alterations. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED.

AUTHORIZED SIGNATURE:

DATE: