

MPT GYM, LLC
GYM Location: 10441 VFW Road Eagle River
Enrollment Form / Membership Agreement

Students Name _____ D.O.B. _____ Age _____
 Address _____
 City/State/Zip _____
 E-mail _____ Phone _____
 How did you hear about us? _____

Parents Information:

Mother _____ Father _____
 Address _____ Address _____

Cell _____ Cell _____

Emergency Contact (other than parent):

Name _____ Relationship _____
 Phone _____ Work _____ Cell _____
 Hospital _____ Phone _____
 Doctor _____ Phone _____

Class Enrollment

(FEES ARE DUE THE FRIST DAY OF THE MONTH)

The enrollment fee is **\$40 per student / per year**. There is a **\$25.00 late fee** assessed to all accounts not current as of the **2nd day of the month**. There will be a **\$35 charge** for returned checks. Student will not be able to attend class if tuition payment could not go thought. There are no refunds on services. A deposit, equal to **½ month's tuition** is required. This deposit is non-refundable but will be used at the end of contract time. If student does not show up to class there is no credit / refund! (See MPT GYM, LLC Enrollment contract).

Enrollment Date _____ Expires _____ Enrollment / Membership Fee _____
 Payment methods _____ CASH _____ CHECK _____ MONEY ORDER.

POST DATE YOUR CHECKS AT THE END OF EVERY MONTH TO HELP WITH NO LATE FEES.

<u>Month /</u>	<u>Class Title</u>	<u>Day of Week</u>	<u>Time</u>	<u>Monthly Tuition</u>	<u>Adjustment</u>
1. _____ / _____	_____	_____	_____	_____	Dep _____
2. _____ / _____	_____	_____	_____	_____	Dep _____
3. _____ / _____	_____	_____	_____	_____	Dep _____
4. _____ / _____	_____	_____	_____	_____	Dep _____
5. _____ / _____	_____	_____	_____	_____	Dep _____
6. _____ / _____	_____	_____	_____	_____	Dep _____
7. _____ / _____	_____	_____	_____	_____	Dep _____
8. _____ / _____	_____	_____	_____	_____	Dep _____
9. _____ / _____	_____	_____	_____	_____	Dep _____
10. _____ / _____	_____	_____	_____	_____	Dep _____
11. _____ / _____	_____	_____	_____	_____	Dep _____
12. _____ / _____	_____	_____	_____	_____	Dep _____

Any and all Gymnastic programs Beginner level and lower is month to month based with a 2 week written notice. Any Gymnastics programs Intermediate level and up is 6 months _____ or 12months _____ to attend our gym. Please initial a box of choice. All other programs are month to month with a 2week written notice. Home School programs are for the full school year students signed up for.

I _____ have read and understand this document. I also give permission for MPT GYM, LLC or hospital/doctor to administer / seek any necessary medical care in case of sudden injury / illness for student _____.

Parent / Guardian Signature _____ Date _____.