



## Fire House Gym Registration Form

### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_  Female  Male  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Number: \_\_\_\_\_

### Family Contact Information

Mother's Name: \_\_\_\_\_  
 Mother's Cell Number: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Father's Cell Number: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
 Emergency Contact #1 Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

### Medical Information

Medical Conditions/Allergies: \_\_\_\_\_  
 \_\_\_\_\_

### Emergency Contact Information

***Please read, understand and initial the following points to ensure the greatest amount of success.***

#### **Photo Release**

★ I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child participation I hereby grant my permission for my child likeness to be used in Fire House Movements, Inc. publicity or advertising. \_\_\_\_\_

#### **Acknowledgement of Risk, Waiver of Liability, and Medical Authorization**

★ I recognize and acknowledge that there are certain risks of physical injury to the participants in sports and activities involving height and motion including but not limited to martial arts, gymnastics, dance, tumbling, trampoline, cheerleading, and ball sports. I agree to assume full risk of any such injuries, damages or loss regardless of the severity which I and/ or my child/ward may sustain as a result of participation in any activities connected or associated with any such programs. I waive and relinquish all claims my child/ward or I may have against Fire House Movements, Inc., its officers, agents, servants, and employees as a result of participation in any of our programs. \_\_\_\_\_

In the event of any emergency I would like the above-mentioned child to be taken to a hospital for medical treatment and I hold Fire House Movements, Inc. and its representatives harmless in their execution of this action. \_\_\_\_\_

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and Medical Authorization and understand that my signature is required below in order for my child to participate in Fire House Movements, Inc.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Entered in JR:  Athlete Enrolled in class: YES / NO  
 T-shirt and Car Decal Given:   
 Date Give: \_\_\_/\_\_\_/\_\_\_  
 Employee Initials: \_\_\_\_\_  
 Trial Class Attended: \_\_\_\_\_ Day \_\_\_\_\_ Coach \_\_\_\_\_



## Financial Commitment

Every family must provide a credit card to have on file at the gym as tuition is paid monthly via direct debit from any debit or major credit card on the 1<sup>st</sup> of every month. If your checking/savings return NSF, you will incur a service fee of \$25.00. We reserve the right to charge a late fee of \$20.00 if payments are not made by the 7<sup>th</sup> of every month. Declined payments (expired card etc.) must be remedied on or before the 25<sup>th</sup> day or your athlete will be dropped from his/her class.

There are NO refunds or credits due to injuries, illness, or choosing not to participate in our program. Any athlete who chooses to no longer participate in a given class must fill out a "Drop Class" Form with 30 days notice of which you intend to drop to cease an additional month being charged.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ VISA MasterCard Discover  
Expirations Date: \_\_\_/\_\_\_ CSV (3 digit code on the back of the credit card): \_\_\_\_\_  
Billing address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Account holder: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Charge this card monthly for any and all Recreational classes on my account on the one of the following: \_\_\_1<sup>st</sup> \_\_\_15<sup>th</sup> or other\_\_\_ of each month

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