

## Small Group Exercise Class Registration Form

**Personal Contact Information**

Name of Participant	Home Phone	Cell Phone
Address	City, State	Zip
Email address (required to receive ALL IMPORTANT UPDATES)	Date of Birth	M ___ F ___
		Gender

**Text messaging may be used for URGENT updates. Do you want to receive cell phone text messages for URGENT updates? (You are responsible for charges that your cell phone provider may apply to text messaging)**

**YES - I want to receive text messages:** \_\_\_\_\_

**Emergency Contact Information:**

Name	Phone	Relationship to you
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**Class Information – Choose Preferred Class (You are not restricted to this class unless max class is reached)**

M1 – (M-W-F) 6:00 am: \_\_\_ M2 – 7:00 am: \_\_\_ M3 – 8:00 am: \_\_\_ A1 – (M-W) 4:15 pm: \_\_\_ A2 – 5:15 pm: \_\_\_ A3 - 6:15 pm: \_\_\_

**Session is 4 weeks / M1, M2, M3 - 12 classes / A1, A2, A3 - 8 classes. Class size is limited to 10 participants.**

**Class Tuition (Please make check payable to “Total Human Performance LLC”)**

Tuition: M1, M2, M3 \$127 \_\_\_\_\_ A1, A2, & A3 \$105 \_\_\_\_\_ Drop in rate: \$20 (if space available) Total Due: \$\_\_\_\_\_

**NOTICE TO BUYER: Do not sign this contract unless you have read all of it. Also, do not sign this contract if it contains any blank spaces.**

State law requires that this health club register with the Bureau of Consumer Protection and Antitrust of the Department of Justice and may require that this club post a bond to protect customers who pay in advance for membership or services in the event the club closes. You should ask to see evidence that this club has either posted a bond in compliance with the law or has been exempted from this requirement by the Attorney General before you sign this contract. If this club has not posted such a bond, and you pay this health club for more than one month’s membership or services in advance, then you are paying for future services, and you may be risking the loss of your money in the event that the club ceases to conduct business.

**RIGHT TO CANCEL:** You may cancel this transaction in writing any time prior to midnight of the third business day after the date of this transaction.

**BUYER’S RIGHTS:** – 1) Every seller of a prepaid health club services contract shall: (a) Refund to the buyer the pro rata cost of any unused services, within 15 days after request therefor, if: (1) The buyer is unable to receive benefits from the seller’s services by reason of death or disability. The health club may require that the disability be confirmed by an examination of a physician agreeable to the member and the health club; provided, however, that this subparagraph shall not operate to prevent the buyer from proving the disability in a judicial proceeding; or (2) The seller relocates his facility more than 8 miles from its present location, or the services provided by the seller are materially impaired. (b) Refund to the buyer the pro rata cost of any unused services under all contracts between the parties, within 15 days after request therefor, if the aggregate price of all contracts in force between the parties exceeds \$1,000. Provided, however, if the contract so provides, the seller may retain a cancellation fee of not more than 25 percent of the pro rata cost of unused services on all contracts, not to exceed \$250. (c) Refund to the buyer the pro rata cost of any unused services within 15 days after the club ceases operation. II. Upon the occurrence of any of the circumstances enumerated in subparagraphs I(a) or (b) or (c) of this section, the buyer or his estate shall be relieved of any further obligation for payment under the contract not then due and owing.

I agree to the terms above:

Signatures:      Client: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card:      Visa\_\_ MC\_\_ AMEX\_\_ Discover\_\_ Amt Due: \_\_\_\_\_ Amt Rcvd: \_\_\_\_\_

Informed Consent       Waiver and Release of Liability       PAR-Q       Medical Release (if required)       Policies