

**FIT CLUB OF VOLUSIA
GYMNASTICS, DANCE, & CHEER
196 NORTH INDUSTRIAL DRIVE
ORANGE CITY, FL. 32763**

DATE: _____

- NAME OF CHILD: _____ AGE: _____
- DATE OF BIRTH: _____ PHONE: _____ SCHOOL: _____
- ADDRESS: _____ CITY: _____ ZIP: _____
- FATHER'S NAME: _____ LICENSE# : _____
- WORK PHONE: _____ CELL PHONE: _____
- MOTHER'S NAME: _____ LICENSE #: _____
- WORK PHONE: _____ CELL PHONE: _____
- EMERGENCY CONTACT: _____ EMER. #: _____
- RELATIONSHIP TO CHILD: _____
- E-MAIL ADDRESS: _____

(We will be using e-mail for future notices, upcoming events, flyers, etc...)

CLASS DAY(S) AND TIMES: 1) _____ 2) _____

If your child's health history contains some irregularity that will not prevent regular participation, but may cause temporary interruption of their ability to perform (such as asthma) please indicate:

We recommend that each student have an annual physical examination. For our records only, has your child passed such an examination in the past year? _____

I understand that participation in gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it inherent risk of injury. I understand that risks and dangers associated with participation in gymnastics events and activities include, but are not limited to, those bodily injury, partial and/or total paralysis and even death. I understand that there may be risks not known or reasonably foreseeable at this time.

I understand that FIT club teaches a normal progression of skills that promote the safety of the students. I also understand that FIT club has established rules for safety and that my child must follow these rules. If these rules are broken, my child may be asked to sit out of class.

I, the undersigned parent/legal guardian of _____ (students name), hereby expressly waive any and all claims for any and all damages or loss to person or property which may be caused by act, or failure to act by FIT CLUB of Volusia and Ken Pfeifauf and/or their agents. I hereby assume full responsibility for said student's personal safety and release all owners, managers, supervisors and instructors of FIT CLUB from any and all liabilities that may occur by reason of any injury to said student. The risks involved are fully understood. I hereby so agree to the foregoing by my signature hereon.

DATE: _____ SIGNATURE: _____

How did you Discover FIT Club? FRIEND NEIGHBOR SHOW
 NEWSPAPER SCHOOL AD TELEPHONE DIRECTORY
 KIDS MAGAZINE OTHER _____

Dear Parents and Friends,

FIT CLUB of Volusia has established a philosophy and reputation for being a warm and friendly recreational facility with safe quality instruction. Students quickly notice enthusiasm, warmth, and encouragement coming from our instructors. We have a genuine love for people that makes FIT CLUB unique.

However, because of this relaxed family atmosphere, a few of our members forget that we are foremost a business. There are certain procedures to which we must adhere in order to meet our obligations and to continue providing you with quality service.

One of these procedures is the **timely payment of monthly tuition**. There are twelve monthly sessions each year. They do not always coincide exactly with the calendar months, but our club calendar clearly directs members to each session's starting date. Take note that it is your responsibility to pay for the student's tuition in advance of his/her first scheduled class. We always do our best to remind you of the dates when a new session begins and ends. Not only do we provide a yearly calendar, but we also post colorful signs at the entrance the week before, the week of, and the week following the collection of tuition money.

We need to restate clearly the fact that the tuition payment is due prior to or on your child's first class of each session. Also, there is a late fee applied to payments made after the first week. Please take note that your child will not be allowed to enter the second class of any session without payment. We truly love each and every student and do not want to embarrass them. **So, please, don't send them to class the second week of a session without payment.**

Communication is also extremely important in all situations. If you have an unusual circumstance, we will try to work with you if at all possible. But, keep in mind that FIT CLUB has a tremendous overhead and our creditors do not offer us any flexibility. **Also, please note that we do not offer refunds for registration or tuition payments for any reason.**

Now regarding illness, if the student is sick or unable to attend the first class of a session, it is still necessary to make payment during that first week and to call the office. Finally, if you do neglect to pay, we will attempt to contact you, but remember that the responsibility is primarily yours. Please do not verbally attack the office help when you receive a reminder or a late fee. We provide reminders as a courtesy and help to our parents. If it is an embarrassment for you to be approached about payment, please know that it is just as embarrassing for us. Promptness will avoid any problems. Please help us to keep FIT CLUB a fun filled family center.

Thank you for your cooperation!

Ken Pfeifauf

I have read the above information and agree to comply with any and all of the rules set forth by FIT CLUB.

Signature

Date