



2011-2012 REGISTRATION FORM

Gift _____ Waiver _____ Referral _____
 Computer _____ AD _____ Withdrawal Roll _____

Team Name(s) _____
 Routine Name(s) _____
 Gym/Tum ___ Dan ___ Pre ___ Team ___ Sch ___ Cash ___ Boy ___ NGT ___

Student First Name	Last Name	Date of Birth	Age	Sex (M/F)
1				
2				
3				
4				

Guardian First/last Name	Street Address	City/State/Zip
Mom Cell	Dad Cell	Home Phone
Other Emergency: Contact Name	Other Emergency: Contact Phone Number	Allergies/Drugs etc?
Primary E-Mail <small>*this will be our primary source of communication</small>	Secondary E-Mail Address	

WE WERE REFERRED TO SFAC AND WISH TO GIVE CREDIT TO:

Please read and sign the following release waiver:

I, _____, acknowledge that I am the legal guardian/parent/responsible party for the children on this form and agree to release and discharge Sports & Fine Arts Center, Inc (SFAC), Mrs. Maresa, employees and/or independent contractors from any and all claims, demands or liability of damage, including legal and court costs, arising from the participation of my children in any classes and/or programs sponsored by Sports & Fine Arts Center, Inc. Furthermore, by signing below I acknowledge that I have received and have read the information given to me in the Sports & Fine Arts information packet and agree that my family will abide by the facility etiquette.

Parent/Legal Guardian/Responsible Party: _____ Date _____

Student Name	Class Day	Class Name & Level	Class Time	Fee

CHECK ONE FOR AUTO DRAFT

1 hour/class/week \$65/month autodraft

2 hours/classes/week \$100 auto draft

unlimited classes \$135 auto draft

AUTO DRAFT INITIAL BELOW:

Auto draft is 2 month minimum draft. For longer drafts, there is a 30 day written stop draft notice AND a \$20 stop draft fee.

INITIAL _____

CHECK ONE FOR PAY BY THE MONTH

1 hour/class/week \$70/month in advance

2 hours/classes/week \$110/month in advance

unlimited classes \$150/month in advance

REGISTRATION FEE (per family)	\$20 due at registration
Bank Draft from Card: Debit, MC, Visa, Disc	Card type: _____ Amount per month: \$ _____
Name: (as it appears on card)	_____
Billing Address for card if different	_____
Account Number:	_____
Expiration Date:	_____
CCV# :(on back of card)	_____
Draft Begin Date:	_____
Draft End Date: (months)	_____
Signature to authorize drafts from account:	_____

- _____ (Initial here) I understand my tuition, if paid by cash is due on the first of each month, a late fee of \$10.00 will apply on the 7th
- _____ (Initial here) I agree that I am responsible for the payment/charges pertaining to such ***IN ADVANCE*** of services rendered.
- _____ (Initial here) I understand/acknowledge that my child will not be allowed to enter nor participate in class unless cash paid in advance.
- _____ (Initial here) I understand/acknowledge that I am responsible for notification of withdrawal 30 days in advance ***IN WRITING*** .
- _____ (Initial here) I understand/acknowledge that if I withdraw my student that a re-registration fee will incur.
- _____ (Initial here) I agree that I am responsible for the payment of any insufficient fund charges and fees ***PRIOR TO*** my child participating in class.

AD #	Date:	Notes:	Amt	Charge \$	Date	Notes:	Done
AD #	Date:	Notes:	Amt	Charge \$	Date	Notes:	Done
AD #	Date:	Notes:	Amt	Charge \$	Date	Notes:	Done