

High Altitude Fitness Annual Child Registration Form

5510 E. 2200 N., Eden, UT
(801) 745-2653
hafutah.com

Registration Date: _____, 2009

Parent/Guardian Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State _____ Zip _____

Physical Address (if different from mailing address): _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) _____ (cell) _____ (work) _____

E-mail address: _____

Emergency contact Name _____ Phone _____

How did you hear about High Altitude Fitness _____

Child Information

STUDENT #1

Name: _____

Sex: M F DOB _____/_____/_____

Class #1: _____ Day and Time: _____

Class #2: _____ Day and Time: _____

STUDENT #2

Name: _____

Sex: M F DOB _____/_____/_____

Class #1: _____ Day and Time: _____

Class #2: _____ Day and Time: _____

Please Describe any special needs or considerations

your child(ren) may have: _____

Allergies (food, medication, insect bites): _____

STUDENT #3

Name: _____

Sex: M F

DOB _____/_____/_____

Class #1: _____ Day and Time: _____

Class #2: _____ Day and Time: _____

STUDENT #4

Name: _____

Sex: M F

DOB _____/_____/_____

Class #1: _____ Day and Time: _____

Class #2: _____ Day and Time: _____

Withdrawal Policy

Withdrawal from classes must be made in writing and submitted at least **4 weeks** prior to the withdrawal date. When written withdrawals are received 4 weeks prior to the withdrawal date tuition will be refunded or waived for the period following the withdrawal DATE. Please follow this procedure so that we can adequately staff our classes and maintain our small class size so that we can create an environment in which students can thrive.

Signature: I understand and will comply with the above stated withdrawal policy.

High Altitude Fitness Release and Indemnification

- I acknowledge, agree and am fully aware that tumbling, dance, rock climbing, sports fitness and other related activities involve many risks, dangers and hazards, including but not limited to height and rotation in a unique environment. I recognize that there are several known and unknown dangers and risks to my child's physical well being associated with activities of this type. I agree and acknowledge and consent that my child is physically able to participate in the tumbling, dance, rock climbing, sports fitness and other related activities. I agree to waive, release and discharge from any and all liabilities, claims, actions, damages, costs, or expenses of any nature whatsoever, whether in law or equity, known or unknown, both present and future, against High Altitude Fitness and any of its directors, officers, members, managers, employees, volunteers, representatives, and property owners, arising out of or in any way related, directly or indirectly, to my participation in the tumbling, dance, rock climbing, sports fitness programs and related activities, including those related to the Releasees' own negligence.
- I agree (for my child, myself and my heirs, executors, administrators, legal representatives, assignees, and successors in interest), to indemnify and hold harmless the Releasees from any harm, injury, damage or loss which my child may cause and/or contribute to while participating in tumbling, dance, rock climbing sports fitness and other related activities.
- The release and indemnification provisions above shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any part of the release and indemnification provisions shall be found by a court of competent jurisdiction to be void or unenforceable for any reason, that finding shall in no way affect (to the maximum extent permitted by applicable law) the remainder of the release and indemnification provisions.
- Miscellaneous
- I agree that this agreement contains the entire agreement between me and High Altitude Fitness concerning the subject matter hereof, and that this agreement supersedes and replaces all prior negotiations, proposed agreements, agreements or representations whether written or oral.
- I acknowledge that neither High Altitude Fitness nor any of the Releasees have made any representation, warranty, promise or covenant whatsoever express or implied, not contained in this agreement, to induce me to execute this agreement.
- I agree that this Agreement, and any claims related to this agreement, whether such claims are in the nature of tort, contract, or otherwise, shall be construed in accordance with the laws of the State of Utah.
- I represent and warrant that I am the parent and/or legal guardian of the student listed above.
- I represent and warrant that: (1) I have read this agreement carefully; (2) I understand that this agreement contains a release of liability, which will legally prevent me, my child, and/or any other person, from recovering damages in the event of injury to or death of my child arising out of or related in any way to his/her participation in tumbling, dance, rock climbing, sports fitness programs and any related activities; (3) I have full right and authorization to waive, relinquish and compromise those claims as set forth above; (4) I have not previously assigned, conveyed or pledged to any third person and claims released by this agreement; (5) I am knowingly and voluntarily releasing and waiving claims against the Releasees as set forth above; (6) I have executed this agreement voluntarily; and (7) this agreement is binding upon me, my child or children, anyone claiming on behalf or through my child, and our respective heirs, assigns and legal agents or representatives.

Please print Name of Parent or Guardian or Student if 18 years or older: _____

Signature: _____

Date: _____

Class Payment Form

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Parent/Guardian Name: _____

Mailing Address: _____ State: _____ Zip: _____

Please select one of the following:

- I would like to pay my tuition in full
- I would like to pay my tuition in four equal payments
 - ❖ Payment is due the 10th of September, 10th of October, 10th of November and 10th of December. I have provided my debit card/visa number below and understand that my credit card will be automatically billed on the above dates.

I authorize High Altitude Fitness the right to automatically bill the card listed below as specified:
Amount Authorized to charge: \$ _____

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Card #: _____ Exp. Date: _____

Type of Card: () Visa () Master Card

*****I understand I will not be credited for missed classes and I have read and understand the withdrawal policy*****

-----**For Office Use Only**-----

Annual Registration Fee: _____

Art Fee: _____

After-School Snacks: _____

Tuition: _____

Total Amount Due: _____ Paid in Full: _____ Partial Payment: _____

Remainder 3 equal payments: _____

Method Payment: Cash Check Visa