



Membership Registration Form

Due: _____ Date Rcvd: _____ Receipt: _____
 Pymt: _____ Check #: _____

Date	Member Type:	Valid Til:

GENERAL INFORMATION (Confidential)

Guardian	DOB (MM/DD/YYYY)	Email	Exp/Rating	Field(s) of specialty

Minor	DOB	School	Exp/Rating	Interests

Additional Persons

HEALTH & OTHER CONCERNS

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CONTACT & RESIDENCY INFORMATION

Primary Phone	Secondary Phone
(Cell/Work/Home)	(Cell/Work/Home)

Address

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City	State	Zip

Newsletter

(Please check if interested, or Leave Blank)

Gym Alert Newsletter: Yes _____

Club Event Newsletter: Yes _____

Terms

PLEASE SIGN IN: before each lesson.

REFUND POLICY: No refunds will be issued after the start of the class/program.

CLASS TERMS: Class terms end 12 weeks (3 months) from start date.

MAKE UPS: No more than 2 classes may be made up within the term & must be made up before end of class term.

EXTENDING OF CLASS TERM: Pre-disclosed planned vacations approved & noted by TVTTC, or cancelled classes due to closed gym, events, etc) will be extended accordingly.

I have read & agree to the *Club Rules Agreement, Waiver & Assumption of Risk, & above Terms.*

Signature	Signed Waiver	Referred by
x		

