**Adaptive Movement Parkour Membership Form**

\*\*\*Please note, all forms will be kept locked in the AMP safe. Information will be entered into Zen Planner after it is submitted. Forms are only handled by owners/managers of AMParkour.

1st Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_

2nd Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_

3rd Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_

4th Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_

1st Guardian/Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Guardian/Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Health Concerns: Staff Notes:

**Recurring Monthly Membership:** Membership will bill **automatically** until we are notified to cancel payment.

Program: Circle the Program and Enter the Name of Each Participant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program** | **Days (circle)** | **Cost** | **Participant Name(s)** |  | **Discount** | **Cost** |
| Parkour(6-7 yrs) | Mon/Wed | $100/month |  |  | **2nd Family** **Member** | +$50/month |
| Parkour (8-12 yrs) | M/W/FT/Th/Sat | $125/month |  |  | **3rd or More Family** **Member** | +$25/month |
| Parkour (13-17) | M/W/FT/Th/Sat | $125/month |  |  | **Each Additional Program per Person** | +$25/month |
| Parkour (18+) | M/T/W/Th and Sat | $125/month |  |  |  |  |
| Teen Martial Arts(11-15) | T/Th/Sat | $100/month |  |  |  |  |
| Adult BJJ (16+) | Mon-Th and Sat | $125/month |  |  |  |  |
| Tricking(13+) | Sat Only | $90/month |  |  |  |  |
| Low Use | 5/month | $70 /month |  |  |  |  |

Equipment. Parkour: Spring floor, vaults/blocks, foam pit, walls, bar cage, precision trainers and mats.

Martial Arts: Matted floor, punching bags, mitts, gloves, kick shields, and training weapons.

**Punch Pass Membership:** A digital punch pass that can be used for any Parkour/Martial Arts class.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Punch Amount** | **Cost** | **Participant Name(s)** |  | **Punch Amount** | **Cost** | **Participant Name(s)** |
| 5 Passes | $90 |  |  | 10 Passes | $150 |  |

**Discounts:** Put a check next to each one that applies. Only one discount per family.

Active Military/LEO (50%) \_\_\_\_\_ Teacher/Military/LEO Family (10%) \_\_\_ College/Resident (20%) \_\_\_

**Credit Card Info:**

Type of Card: Visa Mastercard American Express Discover Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Address (If different from address on front page): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Being Charged Today: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing this membership agreement, I acknowledge that I have read through the options above and willingly purchase the memberships I have chosen. I understand that this is a legally binding contract, and that after 3 days, no refunds will be available for memberships, whether billed monthly, or punch pass. Partially used punch passes cannot be redeemed for cash value, nor are they transferable. I understand that monthly memberships will be billed on approximately the same day of the month that the original payment posted, and that they will be billed on a recurring basis until such a time when the membership owner or guardian submits a formal written request, in person or via email at least 7 days before the billing date cancelling said membership. Any payment posted will not be refunded if such a request was not submitted. I also understand that Adaptive Movement may be closed on holidays (posted on the calendar online and in the gym), during instructor training days, special events, as well as during weather events that the AMP staff deems to unsafe to travel in. Though AMP may make an effort to allow participants to make up missed classes, they are under no obligation to do so, and no refund, full or partial, will be given for these missed classes. o partial refunds will be given for students injured while holding a monthly membership. Students may, however, provide a doctor’s note detailing the injury, and may ask to have their account frozen until such a time that they can participate once again, and extended the same duration they were disabled, without financial penalty. Though you are entitled to a pro-rated refund if you move more than 25 miles from the facility, we ask that you switch to a punch pass membership if you will be moving in the near future. If AMP closes or moves, you have the right to cancel your membership. Finally, I acknowledge that the information pertained in this document is accurate, I have read and signed the waiver as a participant or as the guardian of a participant, and that in the event any of the contact information changes I will submit the changes online through the zenplanner member connect website, or via email to the staff at AMP in a timely manner.

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_