

MEMBER:

Parent/Guardian Name: _____ Member: Yes Membership #: _____

Parent/Guardian Name: _____ Member: Yes Membership #: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Best Email to use for Communication: _____

PARTICIPANT:

First Child's Name: (First) _____ (Middle Initial) _____ (Last) _____

Birthdate: _____ / _____ / _____
Month Day Year

Gender: Male Female

Second Child's Name: (First) _____ (Middle Initial) _____ (Last) _____

Birthdate: _____ / _____ / _____
Month Day Year

Gender: Male Female

ENROLLMENT OPTIONS:

Start Date: _____ / _____ / _____
Month Day Year

SESSION:

Pre-Kindergarten Program (2.5-3 years):

Half Day:

Option 1: 8:00-11:00

Days & Rate:

M-F, \$870 M/W/F, \$580 T/TH, \$435

Option 2: 10:00-1:00

M-F, \$870

Option 3: 12:00-3:00

M-F, \$870 M/W/F, \$580 T/TH, \$435

Pre-Kindergarten with Childcare:

Days & Rate:

Option 4: 8:00-11:00 + 6 hrs childcare

M-F, \$1585 M/W/F, \$1055 T/TH, \$760

10:00-1:00 + 6 hrs childcare

M-F, \$1585

12:00-3:00 + 6 hrs childcare

M-F, \$1585 M/W/F, \$1055 T/TH, \$760

Kindergarten Prep Program (4-5 years):

Days & Rate:

Half Day:

Option 1: 8:30-12:30

M-F, \$1025 M/W/F, \$675 T/TH, \$510

Option 2: 11:30-3:30

M-F, \$1025 M/W/F, \$675 T/TH, \$510

Full Day Kindergarten Prep

Option 3: 8:30 - 3:30

M-F, \$1635 M/W/F, \$1085 T/TH, \$820

Kindergarten

Days & Rate:

8:30 - 3:30

M-F, \$1,800/month (\$18,000/year)

Kindergarten & After-School Program

Days & Rate:

8:30 - 6:15

M-F, \$2,300/month (\$23,000/year)

Additional Annual Fees

\$100 Enrollment Fee

\$1,500 Education Fee

Creative Arts Academy

Days & Rate:

Option 1: 9:00 - 4:00

M-F, \$1635

Additional Fees

Additional monthly cooking materials fee of \$25/month.

Option 2: 9:00 - 5:30

M-F, \$1785

CONTACT INFORMATION:

Parent/Guardian's Name: (if participant is under the age of 18) _____
NOTE: Parent/Guardian must also read and sign below Terms and Condition #5, "Parental Consent, Assumption of Risk..."

Name: (First) _____ (Middle Initial) ____ (Last) _____
 Birth Date: ____/____/____ Gender: M F
 Address: _____ City: _____
 State: _____ Zip Code: _____-_____
 Home Phone: (____) _____-_____
 Cell Phone: (____) _____-_____
 Primary E-mail: _____
 Work Phone: (____) _____-_____
 Alternate Phone: (____) _____-_____

Name: (First) _____ (Middle Initial) ____ (Last) _____
 Birth Date: ____/____/____ Gender: M F
 Address: _____ City: _____
 State: _____ Zip Code: _____-_____
 Home Phone: (____) _____-_____
 Cell Phone: (____) _____-_____
 Primary E-mail: _____
 Work Phone: (____) _____-_____
 Alternate Phone: (____) _____-_____

TERMS & CONDITIONS:

This agreement is between Professional Recreation Organization, Inc. (PRO Club) and the person(s) named above (Member).

1. Tuition will be charged as indicated above on a monthly basis. (Requires PRO Club charging privileges with account in good standing or credit card on file)
2. Your account will be charged on the 1st business day of the calendar month for which the tuition is due. (Initials: _____)
3. By enrolling, you are committing to the school for the entire academic calendar and are liable for the entire year's tuition. Families who dis-enroll mid-year will pay the equivalent of one semester of tuition (5 months) or the remainder of the school year (whichever is less) as a penalty for early dis-enrollment. (Initials: _____)
4. A security deposit of \$200 will be due upon enrollment to hold your child's space. This deposit will be refunded upon disenrollment provided that your child has completed the entire school year. (Initials: _____)
5. In the event your disenrollment date does not fall on the last date of the month, partial months attended will not be billed at a pro-rated amount and full tuition will be billed. (Initials: _____)
6. In the event that you decide to cancel your enrollment, written notice of disenrollment will be required by July 1, 2018 to receive a refund of your security deposit and forfeit your school year enrollment. (Initials: _____)
7. In the event that additional fees may apply you will be contacted for approval and fees will be billed accordingly. (Initials: _____)

SIGNATURES: I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT AND REGISTRATION BY READING IT BEFORE SIGNING IT. BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

<p>Signature of CLIENT</p> <p>X _____ Signed (please do <u>not</u> print) _____ Date _____</p>	<p>PRO Club REPRESENTATIVE</p> <p>X _____ Print (please do not sign) _____ Date _____</p>
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INTERNAL USE ONLY:

STARTUP PAYMENT

Security Deposit + \$ _____

Child #1: \$ _____

Prorated Dues + \$ _____

Child #2: \$ _____

Subtotal = \$ _____

2nd Child Discount (10%)

Tax \$ _____

(Less): \$ _____

Total Due Now = \$ _____

Total Due: \$ _____

*Amount will be charged to credit card on file on day registration is processed.

Activity/Program Name: _____

Membership type: Non-Member child of member Non-Member limited access

AGREED SCHEDULE:

Day(s) of Week: *(Mark all that apply)*

SU M T W TH F SA

Start Time: ____:____ AM/PM

End Time: ____:____ AM/PM

Dates: *(start)* ____/____/____
Month Day Year

(expiration): ____/____/____
Month Day Year

TERMS AND CONDITIONS:

1. This agreement may not constitute Club membership. Use of Club may be limited to enrolled activity/program facilities only.
2. Participant agrees to abide by published PRO Club Rules and Regulations.
3. PRO Club reserves the right to terminate this agreement for any reason.
4. **WAIVER AND RELEASE OF LIABILITY:** *(Read Carefully Before Signing!)* I agree that this Waiver and Release of Liability shall apply to each visit I make to the Club, including future visits, regardless of any date of issuance or expiration date on the Guest or Permanent membership card, and regardless of the date that this form is signed below. I understand and acknowledge there is risk involved in being in and around PRO Club's facilities, including, but not limited to, utilizing equipment or participating in any exercise or fitness activity. In consideration for being allowed to utilize PRO Club's facilities, I agree I will assume the risk and full responsibility for any and all injuries, losses, death, costs, or other damages, that might occur to me and/or to my family while on the premises of PRO Club or participating in any off-site PRO Club program or activity; and to the maximum extent allowed by law, I agree to waive and release any and all claims, suits, or related causes of action against Professional Recreation Organization, Inc., its owners, officers, employees, or agents (collectively PRO Club), for negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, while on the premises of PRO Club or participating in any off-site PRO Club program or activity. I further agree I will indemnify, defend and hold PRO Club harmless, to the maximum extent allowed by law, from negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, or third parties for claims, suits, or related causes of action asserted against PRO Club arising from my conduct and/or my family's conduct while on the premises of PRO Club or participating in any off-site PRO Club program or activity and this waiver and release shall bind the members of my family and my spouse or registered domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue PRO Club. I further agree to release, indemnify, defend and hold PRO Club harmless from any liability whatsoever for future claims presented by my children or any other minor children or their parents, whose visit to PRO Club is sponsored by me, for any injuries, losses or damages to themselves or any family member or registered domestic partner. If any term of this waiver and release shall be found illegal, unenforceable or in conflict with any applicable law, the validity of the remaining portions shall not be affected thereby. *(Initials: _____)*
5. **PARENTAL CONSENT, ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY AGREEMENT:** In consideration of above Participant, hereinafter referred to as MINOR CHILD, being allowed to participate in the above Activity/Program or service, I voluntarily agree to assume all risks involved in my MINOR CHILD's participation, and consent to my MINOR CHILD's participation in the program or service. I understand that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD's participation in the program or service that cannot be specifically listed. Further, I recognize that the actions of other users of the PRO Club may cause harm or loss to my MINOR CHILD'S person or property. I release the PRO Club and its owners, officers, employees, or agents (hereinafter referred to as "PRO Club") from any and all liability, claims, costs, expenses, injuries or losses, including those resulting from acts of negligence by the PRO Club, that I or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD's participation in the program or service.. I FURTHER AGREE that if, despite this PARENTAL CONSENT, ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY AGREEMENT, MY MINOR CHILD, I, or anyone on my behalf, makes a claim against PRO Club, I will defend, indemnify, save and hold harmless PRO Club from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. If any part or portion of this Parental Consent, Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law. By signing as the parent or guardian of the MINOR CHILD, I represent that I am the legal parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability. In the case of an emergency where I cannot be reached, I hereby authorize PRO Club, its employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between PRO Club and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will.
(Initials: _____)

SIGNATURES: *By my signature below I understand and agree to the above terms and conditions.*

(If available and applicable, we request the names and signatures of two legal parents or two legal guardians on this document.)

LEGAL parent or Guardian #1 (Printed) (Signature) _____ / _____ / _____
Month Day Year

LEGAL parent or Guardian #2 (Printed) (Signature) _____ / _____ / _____
Month Day Year

Participant (if age 18 or older) (Printed) (Signature) _____ / _____ / _____
Month Day Year

PRO Club Representative _____ / _____ / _____
Month Day Year