

# Kids Registration Form



## Step One Student Information

**Student #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member Number \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Confirmed Class/Day/Time (Office Use Only): \_\_\_\_\_

**Student #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member Number \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Confirmed Class/Day/Time (Office Use Only): \_\_\_\_\_

**Student #3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member Number \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Confirmed Class/Day/Time (Office Use Only): \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Telephone \_\_\_\_\_

**Office Use Only:**  
 Date Received \_\_\_\_\_ Received by \_\_\_\_\_  
 Confirmed In Person or by Phone? Date \_\_\_\_\_ Time \_\_\_\_\_  
 Processed in BOSS? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Using LT Bucks or is 1<sup>st</sup> payment in MMS? \_\_\_\_\_  
 EFT set up? \_\_\_\_\_  
 Confirmation Email sent? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**If participant(s) is/are under 18 years of age, please complete the following:**

Parent Signature: \_\_\_\_\_

## Step Two Product Type & Class

**Program / Camp:**

- Parents Night Out
- School Break Days or Week
- Preschool Adventure Days (at select locations)
- Martial Arts Classes (at select locations)
- Climbing Classes (at select locations)
- Kids Academy Programming (at select locations)
- General Kids Classes (varies per location)
  
- Private/Semi-Private Lessons: \_\_\_\_\_
- Other: \_\_\_\_\_

Please note a class type in the table below for each student:

	Camp / Program	Class Name, Day, Time	Fee
Student 1			
Student 2			
Student 3			

Notes for Instructor: \_\_\_\_\_

Desired Lesson Start Date: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### Step Three Cancellation Policy/Waiver

#### **CANCELLATION POLICY** Initial here for agreement to the Cancellation Policy:

**Cancellation Within 3 Days or Before First Service.** I may obtain a refund of any amount I have paid under this Agreement if I cancel it within three (3) business days of my registration date or before the first class, whichever is later.

**Cancellation After First Class.**

- Once the first class (after the 3-day window to cancel) has occurred, I may cancel this Agreement at any time **with 30 days notice**, but all payments I have made to or that have been processed by LTF prior to its receipt of my written cancellation notice are nonrefundable.
- I agree that I must pay for all classes scheduled within the 30 days after LTF's receipt of my Cancellation Request form, including by a supplemental point-of-sale payment for those classes (at a rate of ¼ of my Monthly Program Fee/class) that occur after the first of the month in which LTF has stopped my recurring Monthly Program Fee.
- I understand that there are 4 weeks during the year in which classes are not held. They are 4<sup>th</sup> of July, Thanksgiving, Christmas and New Year's.
- I understand that classes are not held on Easter Sunday.
- I understand that if I miss a class I will not receive a refund for my missed class. If LTF cancels class for any reason LTF will reimburse me or schedule a suitable make-up class.
- If I live in Illinois or Virginia, I also have the rights set forth on the back of this Agreement, which rights apply to me in the event of any inconsistency with this provision.

**Parent's Night Out Cancellation Policy**

- I understand that I must provide at least 48 hours notice if I wish to cancel my Parent's Night Out reservation. If I do not cancel my Parent's Night Out reservation within 48 hours of the event, I understand that I will be charged in full for Parent's Night Out regardless of any applicable discounts or membership benefits.

**School Break Day Cancellation Policy** All cancellation requests must be made in writing to the Activity Center. Starting in January 2014, Life Time has changed their refund policy. A \$50 non-refundable deposit will be required for all camps (deposit does not apply to single day camps in non-summer months). The \$50 non-refundable deposit is included in the full week payment amount.

- If a cancellation request is received 30 days or more before the first day of camp I will receive a full refund of all camp fees paid, including the \$50 deposit (when applicable). If a cancellation request is received 14 to 29 days prior to the first day of camp I will receive a refund for the amount paid for each week of camp less the \$50 non-refundable deposit. If a cancellation request is received by Life Time less than 14 days prior to the first day of camp, I will forfeit all fees for camp services.

#### **WAIVER**

There is inherent risk of injury, whether caused by me or someone else, in the use of or presence at a Life Time Fitness center, the use of Life Time Fitness' equipment and services, and participation in Life Time Fitness' programs. This risk includes, but is not limited to (a) injuries arising from the use of any of the Life Time Fitness' centers or equipment, including any accidental or "slip and fall" injuries; (b) injuries arising from participation in supervised or unsupervised activities and programs within a Life Time Fitness center, to the extent sponsored or endorsed by Life Time Fitness; (c) injuries or medical disorders resulting from exercise at a Life Time Fitness center, including, but not limited to heart attacks, strokes, heart stress, sprains, broken bones and torn muscles or ligaments; and (d) injuries resulting from the action taken or decisions made regarding medical or survival procedures.

I understand and voluntarily accept this risk, I agree to specifically assume all risk of injury, whether physical or mental, as well as all risk of loss, theft or damage of personal property while I am using or present at any Life Time Fitness center, using any lockers, equipment or services at any Life Time Fitness center or participating in Life Time Fitness' programs, whether such programs take place inside or outside of a Life Time Fitness center. I waive any and all claims or actions that may arise against LTF Club Operations Company, Inc. ("LTF Operations"), its parent companies, affiliates, subsidiaries, successors, assigns, independent contractors and agents as well as each party's owners, directors, employees or volunteers as a result of any such injury, loss, theft or damage, including and without limitation, personal, bodily or mental injury, economic loss or any damage resulting from the negligence of LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents, independent contractors or anyone else using a Life Time Fitness center. If there is any claim by anyone based on any injury, loss, theft or damage that involves me, I agree to defend LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents and independent contractors against such claims and pay such parties for all expenses relating to the claim, and indemnify LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents and independent contractors for all obligations resulting from such claims.

#### **RELEASE OF IMAGE AND LIKENESS**

The undersigned hereby irrevocably consents to and grants Life Time the exclusive and unlimited right to use and reproduce any and all photographs, slides, moving pictures, audio and visual recordings or testimonial accounts taken by Life Time that contain my Minor Participant's name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available including but not limited to any of Life Time' records, corporate public relations or marketing communication material, videos or online material, social media campaigns, either with or without the Participant's name or photo accompanying such quotation. I waive the right to inspect, approve or edit any such use or reproduction, and Life Time may make any and all changes, modifications, rearrangements, additions or deletions in its use reproductions without any approval.

**Policies (subject to change)**

1. Class fees are non-refundable, except in the following circumstances:
  - a. For medical disabilities, a prorated refund or credit will be given when participant provides a doctor's note stating they cannot participate in the program.
  - b. If a class is canceled, every effort will be made to find a suitable class for the participant who has registered for the canceled class. If a suitable class cannot be found, the participant will be provided a full refund. If a refund is granted, the refund will be issued in the form of a credit on the membership account.
2. Make-up classes are not given for classes missed by participants.
3. We will follow the Child Center's policy to exclude sick children.
4. If the class I registered for includes use of the climbing wall I will need to sign a separate climbing wall waiver in order to participate.

I have read this Agreement thoroughly, understand all of its terms, received a copy, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

**X** \_\_\_\_\_  
Signature Date

**The Following Terms and Conditions are Specific to Residents of Illinois and Virginia:**

**BUYER'S RIGHT TO CANCEL.** If you wish to cancel this contract, you may cancel by making or delivering written notice to Life Time Fitness. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to the Life Time Fitness center where you signed this contract. If canceled within three business days, you will be entitled to a refund of all monies paid. The customer's rights to cancel described herein are in addition to any other contract rights or remedies provided by law. You may also cancel this contract if this club goes out of business or relocates and fails to provide comparable alternate facilities within five driving miles of the location designated in this contract. You may also cancel if you become physically unable to use a substantial portion of the club services for 30 or more consecutive days, and your estate may cancel in the event of your death. You must prove you are unable to use a substantial portion of the club services by a doctor, physician's assistant, or nurse practitioner's certificate, and Life Time Fitness may also require that you submit to a physical examination, within 30 days of notice of cancellation, by a doctor, physician assistant, or nurse practitioner agreeable to you and Life Time Fitness. If you cancel after the three business days, Life Time Fitness may retain or collect a portion of the contract price equal to the proportionate value of the services or use of facilities you already received. Any refund due to you shall be paid within 30 days of effective date of cancellation.

**The Following Terms and Conditions are Specific to Residents of Illinois:**

In the event of the relocation of a customer's residence to farther than 25 miles from a Life Time Fitness facility, and upon the failure of Life Time Fitness to designate a center, with comparable facilities and services within 25 miles of the customer's new residence, which agrees to accept Life Time Fitness' obligations under the contract, the customer may cancel the contract and shall be liable for only that portion of the charges allocable to the time before reasonable evidence of such relocation is presented to Life Time Fitness, plus a \$50.00 fee.

**Step Four Today's Payment**

**TODAY'S PAYMENT for Kids Classes – All Students**

I agree to pay today the amount of \$\_\_\_\_\_, which is payment for any classes that occur before Life Time Fitness, Inc. or its subsidiaries or agents ("LTF") withdraws my first recurring Kids Activities program fee ("Monthly Program Fee") which is prorated according to number of classes left this month.

- Credit Card     
  Club Tab     
  LT Bucks \$\_\_\_\_     
  Check     
  Cash

\_\_\_\_\_  
Cardholder Name                      Check/Credit Card Number      Type      Exp. Date      ZIP

\_\_\_\_\_  
Signature of Cardholder

**Step Five Monthly Payment Set Up**

**MONTHLY CLASS FEE for Kids Classes - Student 1**

I agree to pay the Monthly Program Fee of \$\_\_\_\_\_ on a recurring basis beginning the month of \_\_\_\_\_. I authorize LTF, without further notice, to withdraw the Monthly Program Fee from the financial account designated for payment of my monthly Membership Dues ("EFT") between the first and fifth of each month. I am an account holder and I have actual authority to use the credit card or bank account with which my Monthly Program Fee payments will be made. In order to cancel or withdraw authorization for this recurring Monthly Program Fee payment, I agree to follow the Cancellation Policy below.

I have read this Agreement thoroughly, understand all of its terms, received a copy if I request it, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

X \_\_\_\_\_  
Signature Date

**MONTHLY CLASS FEE for Kids Classes - Student 2**

I agree to pay the Monthly Program Fee of \$\_\_\_\_\_ on a recurring basis beginning the month of \_\_\_\_\_. I authorize LTF, without further notice, to withdraw the Monthly Program Fee from the financial account designated for payment of my monthly Membership Dues ("EFT") between the first and fifth of each month. I am an account holder and I have actual authority to use the credit card or bank account with which my Monthly Program Fee payments will be made. In order to cancel or withdraw authorization for this recurring Monthly Program Fee payment, I agree to follow the Cancellation Policy below.

I have read this Agreement thoroughly, understand all of its terms, received a copy if I request it, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

X \_\_\_\_\_  
Signature Date

**MONTHLY CLASS FEE for Kids Classes - Student 3**

I agree to pay the Monthly Program Fee of \$\_\_\_\_\_ on a recurring basis beginning the month of \_\_\_\_\_. I authorize LTF, without further notice, to withdraw the Monthly Program Fee from the financial account designated for payment of my monthly Membership Dues ("EFT") between the first and fifth of each month. I am an account holder and I have actual authority to use the credit card or bank account with which my Monthly Program Fee payments will be made. In order to cancel or withdraw authorization for this recurring Monthly Program Fee payment, I agree to follow the Cancellation Policy below.

I have read this Agreement thoroughly, understand all of its terms, received a copy if I request it, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

X \_\_\_\_\_  
Signature Date