



## GETTING STARTED REGISTRATION FORM

### PERSONAL INFORMATION:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about CrossFit? \_\_\_\_\_

Have you done any CrossFit? If yes, how long? \_\_\_\_\_

---

**Requirements for all group membership packages:** A two-hour session (Foundations Class) is required prior to participating in CrossFit classes. This class is designed to teach the fundamental movements and exercises that will be needed to safely perform a workout. The price of the Foundations Class will be applied to the fees of a 6 or 12 month contract.

**Program Agreement:** I, (the client), have committed to a package of (1) two-hour session. I understand that by choosing this package, I am liable for any remaining monies owed on the package. I understand that this is a contractual agreement and that I am obligated to pay the total package price.

**Program Price:** The cost for the Foundations Class is \$50. **Initials:** \_\_\_\_\_

---

**Down Payment & Monthly Payments:** I acknowledge and agree to pay for the use of **CrossFit Virtus, LLC, (CFV)**, and in consideration of the rights granted by **CFV**, do promise to pay **CFV** \$\_\_\_\_\_. with a non-refundable down payment of \$\_\_\_\_\_. Upon signing this agreement to pay \_\_\_\_\_ consecutive installments (“term”) in the amount of \$\_\_\_\_\_. (Monthly Payments) beginning \_\_\_\_\_ 1<sup>st</sup>, 20\_\_\_\_. I understand that all down payment and monthly payments to be paid to **CFV**, regardless of the amount of use or lack of use in **CFV**. I also understand that I must continue making my monthly payments if my account is ever placed on a medical hold (freeze) during the initial term of this agreement.

**Payment Schedule:** \_\_\_\_\_ First Term IN FULL \_\_\_\_\_ Monthly **Payment Type:** \_\_\_\_\_ Check \_\_\_\_\_ Bank Draft

**Authorization for credit card payments:** I hereby authorize CrossFit Virtus, LLC, as applicable to initiate debit entries for program payments to my credit/debit card as indicated below.

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Late Fees & Return Charges:** The statement balance is due on the first of the month and is considered late and past due on the tenth of the same month. A late fee of five percent (5%) will be assessed to any unpaid balance when it becomes past due. A fee of \$40.00 will be charged for any check, draft, or credit card charge not honored by the bank for any reason. The business office must be notified at least thirty (30) days in advance of any bank or credit card account charge or closing to prevent this fee from being charged.

**Renewals:** This membership agreement is automatically renewed at the end of the initial term on a month-to-month basis. The undersigned must request to renew or cancel this agreement.

**Cancellation:** If, at anytime, you are not satisfied with CrossFit Virtus, LLC, please take the time to speak with the business staff and a cancellation agreement will be initiated. If life brings you the unexpected and you need to leave us, we appreciate your business and look forward to seeing you in the future.

**Package Term:** \_\_\_\_\_ month(s) **Package Discount:** \_\_\_\_\_ Reg \_\_\_\_\_ Police/Fire/Mil \_\_\_\_\_ Family

**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_