



REGISTRATION FORM

PERSONAL INFORMATION:

Name: _____ Phone: _____
 Address: _____ City: _____ State/Zip: _____
 Email: _____ How did you hear about CrossFit? _____
 Emergency Contact: _____ Emergency Contact #: _____

Requirements for all group membership packages: A four-hour session (On-Ramp Course) 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 group workout. This fee also includes a t-shirt, jump rope, decal and access to "Beyond-the-Whiteboard".

Program Agreement: I, (the client), have committed to a package of (4) one-hour sessions. 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. The cost for the On-Ramp Course is \$150.

Initials: _____

Down Payment & Monthly Payments: I acknowledge and agree to pay for the use of **CVP, LLC, (CVP)**, and in consideration of the rights granted by **CVP**, do promise to pay **CVP** \$_____. with a non-refundable down payment of \$_____. Upon signing this agreement to pay _____ consecutive installments ("term") in the amount of \$_____. (Monthly Payments) beginning _____ 1st / 15th, 20____. I understand that all down payment and monthly payments to be paid to **CVP**, regardless of the amount of use or lack of use in **CVP**. 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 _____ Cash

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 date annotated above of each month and is considered late and past due on the ten days past. 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: All sales are final. If, at any time, you are not satisfied with CVP, LLC, please take the time to speak with the business staff and a cancellation agreement may 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:** _____