

Spectrum Sports Inc.
 138 W Carmel Drive
 Carmel IN 46032
 317-587-1503

Office Use Only Level _____ Day _____ Time _____ Enrolled _____
 Level _____ Day _____ Time _____ Enrolled _____
 Level _____ Day _____ Time _____ Enrolled _____

New Student Registration Fee... \$40 2nd Child \$25 Family \$50 Annual Fee...\$20 Family...\$30

Students Last Name	First Name	Date of Birth	Registration Fee	Annual Fee	Tuition	Balance Due
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Address	City	Zip	Dads Name & Cell	Moms Name & Cell
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Physical or Mental Conditions that Spectrum Sports Inc. should be aware of? No Yes/explain _____

I/We hereby enroll _____ & _____ & _____ into Spectrum Sports Inc. facility and programs.
 I/We assume all risks involved in participation Spectrum Sports Inc. I/We hereby waive all claims against Spectrum Sports Inc., its principles, board, employees for any injury my child may have received in connection with programs/privates conducted and offered at Spectrum Sports Inc.

- *I agree to pay tuition on the last day of current pay cycle for next pay cycle. I agree to pay a late fee of \$15 after the first week of the next payment cycle individual or family at \$25.
- *If tuition and other fees have not been paid in according to the contract the account will be turned over to collections with an added \$40 added to last notice per participant.
- *Withdrawing requires 2 additional paid weeks after the written notice received. NOT including the day, the notice is received.
- *Without written notice on file, you are charged for 2 weeks and late fee from last date of attendance and possible collections of \$40.
- *NO verbal withdrawals or Cash refund
- *Make up classes are allowed if you are enrolled and current on tuition in the same schedule. Make ups are at the discretion and availability. Every effort is made to accommodate the level.
- *Make ups cannot be reschedule once booked and if you don't come, they are lost.

Notification of Risk & Waiver for Spectrum Sports Inc.

Any sport or activity that involves motion, rotation, height, jumping, twisting, running or rolling involves a risk of injury. You may be injured, and these injuries can cause discomfort and or pain and maybe serious. Injuries may include broken bones, sprains, concussions, limited movement, paralysis or even death. You are accepting the responsibility to inform your child of the possible risks in participation at Spectrum Sports Inc.

There are risks the participant and the parent assumes when participating, practicing in any activity that involves range of motion in a sport or activity at Spectrum Sports Inc. You are being notified of the inherent risks that may exist in participation.

I will assume all medical expenses, attorney and court expenses connected with any injury or incident or situation that may result in ambulance ride, Doctor visit, surgery and rehab, but not limited to.

I hereby Voluntarily release, forever discharge, agree to indemnify and hold harmless Spectrum Sport Inc. equipment, facilities including agents, owners, officers, principals, partners, volunteers, participants, employees and all other persons in any capacity on Spectrum Sports Inc. behalf. Under any circumstance even negligence by staff, owner(s), principals and equipment we will not hold responsible.

I certify that I have read and have been notified of said risks. I certify that I have discussed all possible risks with participant(s) to their understanding and have enrolled my child(ren) in Spectrum Sports Inc.

Signature of Responsible Party for Participant	Print Name	Date
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RE-ENROLL STUDENTS

Not enrolled in summer of 2019

Registering for Fall Classes

Classes start August 19th

Mail-In Registration through September 7th

After August 31st Call to Schedule

- Complete Club Registration Form
- Select correct Ability Level for class
- Pick day and time for your Ability Level from schedule
- Pick start date, must start by September 6th for mail in registration
- Starting later than September 6th call that week to schedule class
- First month's tuition is determined by start date
- Add the number of classes from start date for Aug/Sept tuition
- Re-Enroll students annual fee, paid with 1st months tuition
- Tuition returns to 4 wk. pay cycle according to payment calendar starting October

Cost Per Class to Figure out 1st Month's Tuition

40 min..... \$ 9.50

45 min..... \$13.50

55 min..... \$18.50

110 min..... \$30 (2 classes per week same student)

Annual Fee Individual \$20 Family Annual Fee \$30

-----**Complete Bottom Section & Club Registration.... Return with Payment**-----

Name of Student _____ Start Date _____

Ability Level for Class _____

1st Choice Day _____ Time _____ 2nd Choice Day _____ Time _____

_____ X _____ + _____ / _____ = _____
of Classes Cost of Class \$20 Individual Annual \$30 Family Annual Balance Due