

September 1, 2020 - August 31, 2021

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	(29)	(30)			

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	(29)	(30)	(31)

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	(30)					

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	(29)	(30)	

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	(29)	(30)			

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	(30)	(31)				

~~X~~ = Indicates that no classes will be held
 O = Indicates 5th Lesson

Acrobatic Academy Inc
 2111 N. Maize Road
 Wichita Kansas 67212
 (316) 721-2230

www.acrobaticacademy.com

Print date: 9/9/2020

Check here if have been enrolled at AAI or Fit Physique previously

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER, INC.
REGISTRATION FORM

Home Phone # (Account #) _____ Cell # _____ E-Mail _____

Mother _____ Father _____ Last Name _____

(First name)

(First name)

Mother's Work# _____ Father's Work# _____ Emergency Name _____ Emerg. Ph. # _____

Mailing Address _____ City _____ Zip _____

Billing Name if other than above _____ Address _____ Phone _____

STUDENT #1

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____

Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

For office use: Comp _____ Book _____

STUDENT #2

First Name _____ Last Name _____ Birthday _____ Age _____ Male/Female _____

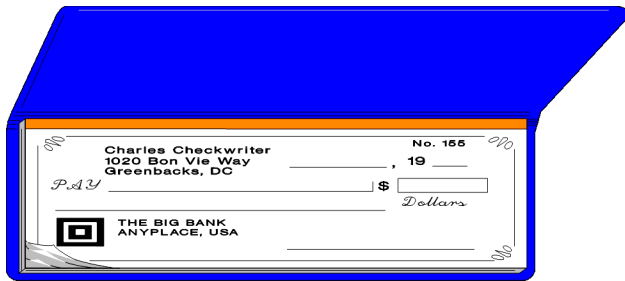
Teacher _____ Day of Week _____ Time _____ - _____ Level _____ Start Date _____

Health Concerns _____ For office use: Comp _____ Book _____

Participation in our activities may involve motion, rotation, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc., its owner, coaches & employees from any and all claims, illness, or injuries of the participant which may result from participation in the program. **I understand that payments are due the 1st of the month and that a \$5.00 late fee will be assessed for class payment received after the 10th of any month.** All payments are payable to Acrobatic Academy Inc ("AAI") and all classes will be held on premises. I understand that **a 30 day written notice of drop is to be submitted the first of the month**, along with the monthly payment in order to discontinue class. The account will be billed for all classes up to and including the drop notice. X _____ Students must re-register and pay the registration fee upon return. Registration fee is a yearly fee due every Sept. 1st. If enrolling in the summer, registration fee is discounted for summer months and full registration fee will be due by Sept. 1st. The registration fee is non-refundable. This acknowledgment of assumption of risk & accounting policy is valid for any and all classes & activities. I give Acrobatic Academy Fitness & Education Center, Inc. and/or any companies representing Acrobatic Academy, permission to call my cell phone for business purposes.

I have read and understand the above statement. Date _____ Signature _____

Auto Pay
Y or N
Circle



Attach voided check here for authorization
(use tape for faxing)

Do not use deposit slip

Acrobatic Academy Fitness & Education Center Inc.

Automatic Payment Authorization from Checking Accounts

Please Note, each monthly tuition draft payment will be processed anytime between the 1st banking day of each month and no later than the 10th of each month. Customer may stop a draft, upon request, provided we are given a 30 day advanced written notice.

A yearly membership fee, in the amount of \$30.00, will be automatically processed by August 31st, **unless a drop notice is given by August 1st**. This is a yearly fee due prior to September 1st of every year.

Any EFT check drafts that are returned to AAI will be charged a \$30.00 fee. The full tuition amount could be drafted for a 2nd time within 1 week of any returned draft if we have not received payment.

Please print the following information: Child's Full Name(s): _____
Person authorizing automatic draft payments:

Name: _____ Address _____
City: _____ State: _____ Zip _____ Phone (H) (____) _____ - _____
Phone (C) (____) _____ - _____ Email Address : _____
(Please Print clearly)

Estimated monthly draft amount:\$ _____
(Monthly Draft Amount may change if amount of services changes.)

Please mark class duration:

40/45 Minute Class 1 Hr. Class 1 1/2 Hr. Class 2 Hr. Class Pvt/Semi/Sm Group

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. Monthly tuition payments may change if/when student services change. In the event that I change my checking service to a different bank, different account, or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the responsibilities of a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to AAI before stopping the automatic draft payment, if for any reason I withdraw my child from AAI.

Please note: All bank drafts or checks returned to our bank as NSF, account closed, or for any other reason, will be charged a \$30.00 returned check fee. _____ (Customer initial please)

If not collected by the 10th of the month, an additional \$5.00 late fee will apply. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. **I hereby authorize drafts from my checking account only as specified above.**

Signature: _____ **Date:** ____/____/20____

Please return or fax this completed form to:

Acrobatic Academy Fitness & Education Center Inc.
2111 N. Maize Rd. • Wichita, KS 67212

Office: 316-721-2230 • Fax: 316-729-5541



Acrobatic Academy
 Fitness & Education Center Inc.
**Monthly Automatic Payment Authorization for
 Credit/Debit Cards**

Please print the following information:

Child's full name(s) _____

Person authorizing automatic credit/debit card draft payments:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (H) _____

Phone (C) _____ EmailAddress _____

(Please print clearly)

Regular Monthly Draft Amount \$ _____

Please Mark class duration

40/45 Min 1 Hour 1 ½ Hr. Class 2 Hr. Class Pvt/Semi/Sm. Group

Monthly tuition payments may change if/when student services change. A thirty (30) day notice required for any changes or drops. Monthly charges will be made between the 1st through the 10th of each month.

Any payment authorization declined will be charged a \$10.00 decline fee & will be added to the total amount due. _____ (Customer Initial please)

This amount may be collected or charged to the card on file. If not collected by the 10th of the month , an additional \$5.00 late fee will apply.

A yearly membership fee, in the discounted amount of \$30.00, will be automatically processed by August 31st. This is a yearly fee due prior to September 1st of every year.

I hereby authorize tuition payments, as shown above, to be charged to the account designated below. In the event that I change my credit card service to a different bank, a different account, issued a new card/account number/ different expiration date or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. Per the AAI Registration Form/Rules and Policies, I will give a 30 day written notice to AAI before the automatic card payment, if for any reason I withdraw my child from his/her program.

I hereby authorize drafts from my credit/debit account only as specified above

Name as it appears on card _____ Today's Date ____/____/20____

Authorizing signature _____ MC _____ Visa _____ Discover _____

Name on CC & billing address if different _____

Street _____

City _____ State _____ Zip _____

Credit Card Number _____ Exp Date ____/____/____ Credit _____ Debit _____

Please Return Completed form to:
 Acrobatic Academy Inc. 2111 N. Maize Rd. Wichita, Ks. 67212
 316-721-2230 316-729-5541 (fax)