



Membership Agreement Authorization Form

Valid only at the following location:
My Gym Children's Fitness Center

166 McHenry Road
Buffalo Grove, IL 60089

Tel: **847-229-1990**

Fax: **847-589-4131**

Email: **bg@gotomygym.com**

Website: **www.gotomygym.com**

Agreement # _____
(To be completed by My Gym representative)

To be completed by Member (Please print clearly)

Billing Contact's First Name	Last Name	Home Phone ()	Cell Phone ()	Work Phone ()
Mailing Address	City	State	Zip	Email

IL

I, _____, elect to have my recurring tuition automatically charged to my credit or debit card every Twenty Eight (28) days from the date of my first class. I authorize my bank / credit card company to make my recurring payment by the method designated below and to post it to my account.

Total Recurring Amount: \$ _____
(To be completed by My Gym representative)

Date of First Class: ____ / ____ / 20____
(To be completed by My Gym representative)

Method of recurring payment: Visa Master Card Discover

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Exp. Date: ____ / ____

Credit Card Billing Address:

Same as above

Other: _____

Signature: _____

Date: ____ / ____ / 20____

MY GYM POLICIES

Attendance and Make-ups:

Tuition is based on four (4) weeks of class programming. This includes one (1) structured class per week and unlimited Free Play visits, as indicated on published class schedule (days and times subject to change). Members must inform the gym of an absence a minimum of 2 hours in advance to be eligible for a make-up. Each make-up must be arranged ahead of time and must be completed while student is enrolled in class. Make-ups can not be used to extend enrollment. There may be short periods when My Gym is closed due to inclement weather, holiday, or other reason causing classes to not run. If this occurs and a class is missed, the member is entitled to a make-up. **Initial:** _____

Cancellation:

This agreement constitutes a continuous payment plan and will remain in effect until terminated by the member. Your child will automatically remain enrolled at My Gym until an official Cancellation Request Form (CRF) has been completed and submitted in person. It is agreed that in order to terminate this Agreement, a CRF must be received at least twenty one (21) days prior to next billing date. Failure to meet that requirement will result in the member being responsible for one final payment. This agreement will then terminate four (4) weeks from that last scheduled payment. Children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that date. **Initial:** _____

Insufficient Funds:

A fee of \$15.00 will be charged for all returned payments. **Initial:** _____

Term:

Members agree to remain enrolled for a minimum of two (2) consecutive, recurring payments. **Initial:** _____

To be completed by My Gym representative

Child Enrolled	Date of Birth	Initial Class Code	Amount
1.			
2.			
3.			

Today's Date

Date of First Recurring Charge

Authorized by