RISE WRESTLING

TERMS OF AGREEMENT

Membership shall begin on _____ and continue through _____ (the "term"), after which membership shall continue open ended on a month-to-month basis. This membership agreement may be canceled by either party at any time prior to 12 PM on the fifth calendar day after the date of this membership agreement to cancel this membership agreement you must deliver assigned and dated written notice of cancellation within 30 days of your next months payment either: 1) by personal delivery to the gym; or 2) by registered or certified mail to: RISE WRESTLING LLC 7048 FM 1960 Rd. E, Atascocita 77346. If you cancel this membership agreement within the five day. You are entitled to a full refund of your membership fee. Registration fee is nonrefundable. RISE WRESTLING LLC will refund your money within 30 days of receipt of a cancellation notice. If the student/guardian does not give written notice of cancellation per this agreement once the contract is completed the contract will continue on a month-to-month basis at the then effective rate. I (We) hereby authorize RISE WRESTLING LLC To initiate monthly debit entries from the account. I (We) hereby acknowledge that I (We) have read, understood and have agreed to all the terms of this membership agreement, and that I (We) have received a copy in my membership portal.

A.) _____ (Student/Guardian Initials)

AUTHORIZATION FOR CREDIT CARD USE:

CREDIT/DEBIT CARD INFORMATION:	
CREDIT CARD TYPE: MCARD VISA DISCOVER AMEX OTHER: _____	
CARDHOLDER NAME (AS SHOWN ON CARD)**:**	
CARD NUMBER:	**CVV/CVC:**
EXPIRATION DATE:	
CARDHOLDER POSTAL CODE (FROM THE BILLING ADDRESS)**:**	

OFFICE USE ONLY:

REGISTRATION FEE: _____ **PRORATED PARTIAL MONTH:** _____

MONTHLY TUITION FEE: _____ **DISCOUNT/PROMO:** _____

GRAND TOTAL: _____

STAFF MEMBER: _____ **DATE:** _____

RISE
WRESTLING

CUSTODIAL PARENT/GUARDIAN INFORMATION

NAME(S): _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT#1 EMAIL: _____ PARENT#2 EMAIL: _____

WRESTLER #1 INFORMATION:

WRESTLER'S NAME: _____ AGE: _____

WRESTLER'S CELL: _____ WRESTLER'S EMAIL: _____

DATE OF BIRTH: _____ M/F: _____ TSHIRT SIZE: *(CIRCLE ONE)*

CURRENT WEIGHT: _____ WEIGHT CLASS: _____ *YS YM YL*

AS AM AL AXL 2XL

USA WRESTLING CARD #: _____ EXP DATE: _____

EXPERIENCE (YEARS): _____ GRADE: _____ SCHOOL: _____

WRESTLER #2 INFORMATION:

WRESTLER'S NAME: _____ AGE: _____

WRESTLER'S CELL: _____ WRESTLER'S EMAIL: _____

DATE OF BIRTH: _____ M/F: _____ TSHIRT SIZE: *(CIRCLE ONE)*

CURRENT WEIGHT: _____ WEIGHT CLASS: _____ *YS YM YL*

AS AM AL AXL 2XL

USA WRESTLING CARD #: _____ EXP DATE: _____

EXPERIENCE (YEARS): _____ GRADE: _____ SCHOOL: _____

EMERGENCY CONTACT INFO:

** Emergency Contact must be a person other than what is listed above, and someone who can make decisions for your child in case of an emergency.

NAME: _____

PHONE #: _____

RELATION: _____

MEDICAL INFORMATION;

ALLERGIES: _____

HAD A CONCUSSION: **YES / NO** WHEN: _____

HAS ASTHMA: **YES / NO**

HAD ANY BROKEN BONES: **YES / NO**