



MAX Gymnastics 2018–2019

PARTICIPANT INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

Gender: Female Male MCP #: On File _____

Does the participant have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

PARENT/GUARDIAN INFORMATION (*Existing MAX Clients*):

1. Name _____ Relationship to Participant _____

Primary Contact # _____ Email _____

2. Name _____ Relationship to Participant _____

Primary Contact # _____ Email _____

PARENT/GUARDIAN INFORMATION (*New MAX Clients*):

1. Name _____ Relationship to Participant _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Participant _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT (other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

Name _____ Relationship to Participant _____

Cell # _____ Work # _____ Home # _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca.



Terms & Conditions for MAX Gymnastics 2018-2019 (please read carefully)

1. A completed registration form must be submitted in person or by email to MAX Arts. Athletics. Wellness. (hereafter referred to as MAX) before a participant will be permitted to participate in the program.
2. **Discontinuation Policy:** ____ (Customer initial) To officially withdraw from the Gymnastics program, a parent/guardian must complete and submit a discontinuation form in person or by email, give a minimum notice of fourteen (14) days, and pay a cancellation fee of \$50.00 + HST. Discontinuation forms are available upon request from Gymnastics management. Verbal notification and/or non-attendance will NOT constitute discontinuation. If making bi-weekly pre-authorized debit payments, please note that if a balance is owing to MAX after the discontinuation has been processed, the next scheduled recurring payment will be adjusted to collect this balance in full. The balance owing to MAX may include the last bi-weekly payment, the \$50.00 + HST cancellation fee, any bi-weekly payments that were missed and not subsequently paid, etc.
3. **Additional Fees paid for Gymnastics NL are non-refundable.**
4. A \$25.00 + HST Declined Payment Fee will be charged for preauthorized bank withdrawals that are declined for any reason.
5. If a payer's bi-weekly payment fails, the payer will be in default. MAX may then, when the payer is in default, send the payer's account to a collections agency, and/or immediately cancel the participant's enrollment and keep any amounts that have paid to MAX. If MAX later accepts a payment from the payer and reinstates the participant's enrollment, the payer must fulfill all of the remaining payment responsibilities under this agreement and MAX may require the payer to pay any legal and/or collection fees and charges incurred by MAX in collecting overdue payments from the payer.
6. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
7. MAX will not refund or make up any classes that are cancelled due to weather. Please check www.yourmax.ca or call 733-7330 to see if MAX facilities are closed due to weather.
8. Regular attendance and punctuality is expected for all classes. There will be no refund for classes missed by a participant. Prolonged and/or frequent non-attendance may result in immediate termination of the participant's enrollment.
9. Monthly account statements and invoices are not provided. Payment receipts are available upon request.
10. If an instructor cannot be available for a class, a substitute instructor will complete the class or arrangements will be made for a make-up class on a future date.
11. All of the participant's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the Registration Form.
12. Participants will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the participant while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the participant to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
13. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the participant's enrollment.
14. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the participant's person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
15. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the participant or the parent(s)/guardian(s) if the participant is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video participants as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the participant's name attached unless the participant or the parent(s)/guardian(s) if the participant is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

Participant:

Name _____

Parent/Guardian:

Name (please print) _____ Signature (please sign) _____ Date _____



Pre-Authorized Debit (PAD) Agreement for 2018-2019 Gymnastics

PARTICIPANT NAME: _____

PAYER NAME: _____

PAYER INFORMATION (If different from Parent/Guardian):

Address _____ City/Town _____ Province _____

Postal Code _____ Phone # _____ Email Address _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the details described in this Pre-Authorized Debit (PAD) Agreement and on the program registration form. Gymnastics NL Fees will be debited from your account with your first biweekly payment. Program fees will be paid via seventeen (17) equal payments that will be debited from your account on a bi-weekly basis beginning Friday, November 2, 2018 and ending Friday, June 14, 2019.

Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Check one (1) of the following options:

Please use my bank account identified on the void cheque attached.

I am an existing MAX customer and please use my bank account that I have on file at MAX.

	Payment Frequency	Debit Amount	Start Date	End Date
Program Fees	Bi-weekly	\$36.52	November 2, 2018	June 14, 2019
Gymnastics NL Annual Fee	Once	\$40.25	With initial bi-weekly payment	

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for the MAX Gymnastics 2018-2019 Program.*

Signature of Account Holder: _____ Signature of Joint Account Holder (if required): _____

 Name (please print) _____ Name (please print) _____

 Date (mm/dd/yyyy) _____ Date (mm/dd/yyyy) _____



Pre-Authorized Debit (PAD) Agreement for MAX Gymnastics 2018-2019

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree that if I incur any charge in June 2018 after the last scheduled payment has been processed, I permit an additional pre-authorized debit payment to be processed on June 28, 2019 to cover the charges.
8. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the participant withdraw from the program.
9. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
10. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX's financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
11. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
12. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
13. I acknowledge that I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
14. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX's Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.

PLEASE ATTACH A VOID CHEQUE HERE