



Integrity Elite Allstars

Member # _____
Integrity Elite Representative _____

Class Enrollment – Registration Information

Please Print

Parent/Payee First Name	Middle Initial	Last Name	
Home Address	City	State	Zip
() -	() -	() -	
Cell Phone	Home Phone	Work Phone	

Names and Birthdays of Child(ren) Enrolled	Email Address of Parent/Payee
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<i>*THIS SECTION TO BE COMPLETED BY STAFF</i>					
Class Information					
Participant Name	Level	Day	Time	Cost	Instructor
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					AMOUNT DUE: _____

Payment Information

I, _____ (Payee Initial), understand that I am paying for the entire months cost plus the prorate of the starting month for a class in order to begin participation in the Integrity Elite Allstars Program. Class monthly payment is due on the first class of every month with payment being due by the 10th of every month. If I _____ (Payee Initial) fail to make the monthly payments prior to the 10th of each month, Integrity Elite will charge a \$30 late fee to my account. Cancellation of classes will require a two week notice prior to the end date.

I hereby enroll those listed above in monthly classes at the Integrity Elite Allstars Facility. I understand that this application is subject to review and approval of club management. I understand that my enrollment may be suspended or terminated by Integrity Elite if I or the enrollee is in violation of club rules, regulations, and policies, or conduct ourselves in a manner which management deems inappropriate or disruptive, or false representation of information contained in this application. I or enrollee will not be entitled to any refund or dues paid up to the date of termination. Upon termination, I am responsible for any outstanding balances due to the Integrity Elite Program.

Parent/Legal Guardian Signature: _____

Date: _____