



516-880-4220

UltimatePerformanceFitness.com

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**PROGRAM REGISTRATION**

Date \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Called \_\_\_\_\_ Stopped by \_\_\_\_\_ How did you hear about UPF? \_\_\_\_\_

Participants Name \_\_\_\_\_

Name of Parent of Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

Tel. Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

(Important to receive information throughout the school year)

\*\*PLEASE, NO BUSINESS EMAIL ADDRESSES, ONLY INDIVIDUAL ADDRESSES – OUR SERVER DOES NOT WORK WITH BUSINESS ADDRESSES.

\*\*BY MAKING PAYMENT(S), I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES, TUITION AND PAYMENT SYSTEM, AND AGREE TO ALL OF ULTIMATE PERFORMANCE + FITNESS INC. POLICIES. PLEASE ENROLL MY CHILD FOR THE \_\_\_\_\_ WEEK PROGRAM.

Signature \_\_\_\_\_

Program(s) or Camp(s) for which your child is registering:

PROGRAM \_\_\_\_\_ Day \_\_\_\_\_ TIME \_\_\_\_\_

PROGRAM \_\_\_\_\_ Day \_\_\_\_\_ TIME \_\_\_\_\_

PROGRAM \_\_\_\_\_ Day \_\_\_\_\_ TIME \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_ Date Paid \_\_\_\_\_

\_\_\_\_ Please check here if you do NOT want your balance automatically paid on due date

\_\_\_\_ Please check here if you child has any special needs.

Describe

\_\_\_\_\_  
\_\_\_\_\_