

## TEKULVE ACCELERATION TRAINING, INC. New Athlete Information

Athlete's Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex -    M    F Age \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

School/Occupation \_\_\_\_\_

Sport 1 \_\_\_\_\_ Sport 2 \_\_\_\_\_

Coach \_\_\_\_\_ Coach \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*(i.e., Friend, Coach, Flyer, Employee referral)*

Contact Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Billing Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**I, or as Parent or legal guardian, hereby guarantee this information to be correct and guarantee payments in full for the charges incurred for the training of my child or myself.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>											
Visa/MasterCard				Exp Date				Check # and Amount			
Start Date		Program		Office		End Date					
Payment Plan	Payment Date	\$	Clerk	Payment Date	\$	Clerk	Payment Date	\$	Clerk		
Paid in Full <input type="checkbox"/>	1			5			9				
Paid Half <input type="checkbox"/>	2			6			10				
Pay other \$ <input type="checkbox"/>	3			7			11				
	4			8			12				



# **PAYMENT/REFUND/CANCELLATION POLICY**

## **Traditional Running Program**

### **THE COST OF ONE LEVEL OF TRAINING IS \$450.00**

Payment in full is required at the time the program is initiated. No refunds will be given; a credit will be held for the remaining visits, this program is non-transferable and expires six months from the time the first visit is completed. No extensions will be given on this program unless the athlete is injured. A physician's letter is required in order to extend the program.

### **THE COST OF THE SIX MONTH PROGRAM IS \$850.00**

Payment for the first level is due in full at the time the program is initiated (\$350.00). The remainder will be billed in 5 monthly payments of \$100.00. A credit card will be taken to make this payment. If upgrading to the Six Month Program, the original amount will be subtracted from the cost of the Six Month Program and this payment is due in full. The program will expire six months from the time the original program was initiated. No extension will be made to this program unless the athlete is injured. A physician's letter is required in order to extend the program. This program is non-transferable.

### **THE COST OF THE YEAR PROGRAM IS \$1500.00**

An initial payment of \$300.00 is due when the athlete starts the Year Program. The remainder will be billed in 10 monthly payments of \$120.00. These payments will be made on the 15<sup>th</sup> of the month and begin the month after starting the program. Only credit card payments will be accepted for this payment option. Example, if the athlete starts in January the first monthly payment will be in February 15<sup>th</sup>. To convert from one level of training to the Year Program the cost of the original program is subtracted from the cost of the Year Program. This can be paid in full, or in two equal payments. The first payment is due at the time the program is upgraded and the next 30 days later. The program will expire one year from the date the original program was initiated. This program is non-transferable.

### **CANCELLATION POLICIES**

**Single Level Athletes:** If a scheduled workout is missed and not cancelled prior to the appointment time it will result in the loss of that workout.

**Year and Six Month Athletes:** If a scheduled workout is missed and not cancelled prior to the appointment time a \$15 fee will be charged to the athlete on their next visit.

### **PLEASE INITIAL NEXT TO YOUR PROGRAM**

\_\_\_\_\_ **ONE LEVEL**      \_\_\_\_\_ **SIX MONTH PROGRAM**      \_\_\_\_\_ **YEAR PROGRAM**

**I, or as Parent or legal guardian, hereby guarantee this information to be correct and I have read and understood all payment/refund/cancellation information and guarantee payments in full for the charges incurred for the training of my child or myself.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_