



Team ULI: Youth Climbing Team 2017-2018 Season

Child's name _____ Date of Birth _____

Parent 1 name _____ 2 _____

Parent 1 work/cell _____ Parent 2 work/cell _____

Contact Email _____ Home Phone _____

Address _____ City _____ Zip _____

Please select the team on which your child will practice and compete:

_____ Recreational: Practices on Tuesdays and Thursdays from 6-8pm

_____ Advanced B: Practices on Tuesdays and Thursdays from 6-8pm

_____ Advanced A: Practices on Mondays and Wednesdays from 6-8pm

_____ Elite: Practices on Monday, Wednesday and Friday 6-8pm

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Payment Options:

Session I: September-February Session II: March-August

_____ 1 session (6 months) paid in full (Recreational and Advanced: \$705 + tax / Elite: \$985 + tax)

_____ 2 sessions (1 year) paid in full (Recreational and Advanced: \$1,375 + tax / Elite: \$1,915 + tax)

_____ Monthly EFT (complete reverse side) (Recreational and Advanced: \$125/mo + tax / Elite: \$175/mo + tax)

****EFT memberships will be charged a \$75.00 start up commitment fee.****

***** If paying in full, you must join at the beginning of a session. EFT members can join and cancel at any time.*****

In order to promote a strong competitive youth team, a membership is included in all payment options.

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Team ULI Benefits

- ▶ Team logo t-shirt
- ▶ 4-6 hours of weekly technique training & instruction
- ▶ Belay instruction for team members age 11 and up
- ▶ Unlimited climbing at all Upper Limits St. Louis locations and \$5 day passes at Bloomington Gym.
- ▶ 20% discount on gear and clothing in pro shop
- ▶ Annual fall discount on La Sportiva climbing shoes

Team Obligations

- ▶ Ages 7-18
- ▶ Must own personal gear: climbing shoes, harness, & Team ULI chalk bag
- ▶ Attendance at team practices every week
- ▶ Advanced & Elite teams are expected to participate in two local competitions per session
- ▶ Elite team is expected to compete in one Regional Championship per session

EMPLOYEE USE ONLY: Amount Paid _____ Date _____ Mgr Initial _____

Receipt Number _____ Photo/Scan Card _____ Member Set-up _____

Monthly Payment Information (disregard if paid in full)

Buyer information:

Last Name	First Name	MI	
Address	City	State	Zip
Member Primary Phone Number	Emergency Contact Name	Relation/Phone Number	
Member Email Address <small>(for email confirmation of monthly payments)</small>			

Applicable fees/dues:

\$_____ (+tax) per month billed on the 1st of the month.

Circle one

Date of first EFT payment ___/___/___

_____ By signing this agreement, I authorize the club to bill my credit or debit card for my monthly dues as selected above. The charges will continue monthly until Upper Limits has received and acknowledged my completed cancellation form 15 DAYS PRIOR TO MY NEXT BILLING DATE

_____ In the event of a declined EFT payment, a fee of \$10 will be charged

_____ I understand that no part of my paid dues is refundable under any circumstance.

_____ Upper Limits reserves the right to increase dues with a 60 day written notice.

DEATH OR DISABILITY: If by reason of death or permanent disability, the buyer is unable to continue the membership, buyer or buyer's estate shall be relieved from the obligations of this contract.

CANCELLATION DUE TO MOVE: Should member(s) permanently move their residence more than 75 miles from the affiliated area, payment on this agreement will be suspended upon payment of an appropriate cancellation fee of \$50.00 and legitimate verification of the move.

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE BUYER/MEMBER COULD ASSERT AGAINST THE CLUB AS A RESULT OF THIS CONTRACT. RECOVERY BY THE BUYER /MEMBER SHALL NOT EXCEED THE TOTAL AMOUNT PAID BY THE BUYER/MEMBER TO THE CLUB PURSUANT TO THIS CONTRACT. YOU THE BUYER MAY CANCEL

THIS AGREEMENT BY MIDNIGHT OF CLUB'S THIRD BUSINESS DAY AFTER THE DATE OF THIS AGREEMENT, AND SUCH CANCELLATION MUST BE IN WRITING TO THE CLUB. IN THE EVENT THE CLUB CLOSES AND CEASES DOING BUSINESS, YOU ARE THEN NO LONGER OBLIGATED TO MAKE PAYMENTS UNDER THIS AGREEMENT.

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER:

Name on credit/debit card	Billing Address on card (if different than above)		
Credit Card Number - - -	Date of Expiration /	CCV	Date of first EFT
I hereby authorize Upper Limits to initiate debit entries to the credit/debit card listed above			
Printed Name _____		Date _____	

SIGNATURES:

I have been advised of the terms and conditions of membership and fully understand the membership agreement. In witness whereof this membership agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Salesperson Signature	Date
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Office use only: RGP Date _____ Mgr Init _____ VT Date _____ Mgr Init _____