

SPIRIT OF TYLER CLASS TRIAL (PLEASE PRINT CLEARLY)

TRIAL CLASS DATE _____ TRIAL CLASS DAY _____ TRIAL CLASS TIME _____ pm

STUDENT #1 NAME: _____ DOB ____/____/____ AGE ____

STUDENT #2 NAME: _____ DOB ____/____/____ AGE ____

STUDENT #3 NAME: _____ DOB ____/____/____ AGE ____

PARENT/GUARDIAN NAME: _____ CELL # _____

PARENT/GUARDIAN BILLING ADDRESS: _____ CITY _____ ZIP CODE _____

STUDENT INTERESTED IN (CIRCLE) CHEER TEAM TUMBLE CLASS CHEER BASICS HIP HOP TEAM HIP HOP CLASS

FOR RECREATIONAL TUMBLE ONLY STUDENTS

Novice: Athletes learning handstand, cartwheel, roundoff, backbend kickover, walkovers and backhandsprings

Beginner: Athletes who have mastered a standing and running backhandspring WITHOUT any spotting assistance

Intermediate: Athletes who have mastered series backhandsprings and are working/perfecting back tucks and alternate passes.

Advanced: Athletes working layouts, fulls, doubles, and advanced alternate passes

I would be interested in enrolling in the following class day/time (CIRCLE ONE)

LEVEL	MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS
NOVICE/BEGINNER	4:30 (ages 9-12)	4:15	4:00 (ages 9-12) 5:00 (ages 5-7) 5:00 (ages 8 and older)	5:00 (ages 8-10) 6:00 (ages 5-7) 7:00 (ages 9-13)
INTERMEDIATE		4:15	6:00	
ADVANCED		4:15	7:00	
ALL-LEVEL		4:15	7:00 (ages 11 and older)	
CHEER BASICS	5:00 (ages 7 and older)			
HIP HOP CLASS	6:45 (ages 5 and older)			

ATTACH VOIDED CHECK HERE

TURN PAGE OVER TO CONTINUE



OFFICE USE ONLY

TEXT _____ DROP POLICY _____ ASSIGNED CLASS DAY/TIME _____

DATE JOIN _____ AMOUNT DUE _____ PAID \$ _____ CASH OR CHECK # _____ DATE _____

Spirit of Tyler offers a tumbling program for students ages 5 and above. Classes are designed to accommodate both beginner and advanced tumbling skills. Classes are held for one hour, one day a week. Class sizes are kept to a minimum to offer the best possible student to instructor ratio.

Pricing for one student is \$60.00 per month. A once a year registration fee of \$40.00 will be due at time of registration. Discounts are available for additional siblings or additional class days. Please inquire in office as to discount pricing. Multiple family members are not charged additional registration fees. There will be a \$50.00 fee assessed to all drafts/checks that are returned NSF.

Initial payment for registration will include tuition due for that month, as well as the registration fee. Initial payment may be in the form of check or cash. ALL monthly tuition payments after that will be bank drafted. The monthly draft will occur on the 1st day of each month. The draft will appear on your bank statement as "Panola State Bank".

Students enrolled in a tumbling program are not bound by a calendar contract, however; Spirit of Tyler MUST receive a 30 day notice for any student wishing to withdraw from the program. A "Drop Student" form may be obtained in the Spirit of Tyler office. This form MUST be received in the office 30 days prior to withdraw in order to stop bank draft and THE FORM DATE MUST BE FROM THE 1ST OF THE MONTH. **(EXP: if you know you will not be attending classes in the month of August, the form must be turned in to the office JULY 1st in order to not be drafted for the month of August. THE ONLY ACCEPTED FORM OF WITHDRAWAL IS OUR SPIRIT OF TYLER FORM. NO TEXTS, CALLS OR EMAILS WILL BE ACCEPTED!)**

If your tumbling class day/time has been changed by Spirit of Tyler, you will be notified of an alternate make-up day/time for your class. If the student misses a tumbling class, for whatever reason, there will not be a make-up day provided. Tumbling days/times may change throughout the year. You will receive notice of any changes.

We communicate through a text messaging system called REMIND101. This system allows us to send bulk messages promptly. As a SOT member we require registration for REMIND101. It is fast & easy. We recommend signing up parents & older students. To register, DIAL 81010 and TEXT "@sottumble. You will be given further instructions from there. Please use first and last names, NOT nicknames.

MEDICAL RELEASE & POLICY ACKNOWLEDGEMENTS

I, the parent or legal guardian of the above named student(2), do hereby permit the above named student(s) to participate in gymnastics, tumbling, cheerleading, dance or any other physical activities while a guest or student at SOT. By granting permission for above named student(s) to participate in programs at SOT, I assume full responsibility for said student's personal safety and release SOT, it's supervisors and employees from any and all liabilities that may arise due to injury, including death, to above named student(s) by reason of student's participation in any activity at SOT or in which SOT is participating elsewhere.

INITIALED: _____

I understand there is personal risk involved in any activity that involves motion, height or rotation, and these activities can result in serious injury, disability or death.

INITIALED: _____

I declare the above named student(s) has/have been seen by a physician and are cleared to participate in physical activities such as gymnastics, cheerleading, dancing or tumbling.

INITIALED: _____

I fully understand that my student will not be enrolled in a class until full payment has been obtained, all forms completed and returned, and a voided check or deposit verification form has been received.

INITIALED: _____

All monthly tuition will autodraft on the 1st day of the month. I understand that it is my responsibility to make sure SOT receives my full monthly tuition. I understand that any payment returned unpaid for any reason will incur a \$50.00 fee.

INITIALED: _____

I understand that SOT does not refund tuitions, uniform money, competition fees, credits or any other fees for ANY REASON.

INITIALED: _____

I understand that it is my responsibility to inform SOT if my banking information changes and will provide new information promptly.

INITIALED: _____

I understand that my child may be photographed, filmed, or videotaped. I give permission for my child to appear on any SOT social media site for SOT promotional purposes, including the SOT website.

INITIALED: _____

I HAVE READ, UNDERSTAND AND EXECUTE THIS RELEASE & ACKNOWLEDGE ALL THE TERMS & CONDITIONS REGARDING THE SPIRIT OF TYLER TUMBLE PROGRAM

PARENT/GUARDIAN SIGNATURE: _____

DATED: _____