

## Tumble Time Gymnastics Registration Form

Gymnast First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
M / F BirthDate \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Gymnast First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
M / F BirthDate \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Gymnast First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
M / F BirthDate \_\_\_\_\_ Class Day & Time \_\_\_\_\_

Medical concerns or Allergies we should be aware \_\_\_\_\_

<input type="checkbox"/> Trial	OFFICE	USE	ONLY
	<input type="checkbox"/> Change of Information		
Tuition: \$ _____		Date: _____	
Discount: \$ _____		Paid: \$ _____	
Total Due: \$ _____	CK # _____	Cash Receipt # _____	Credit Card _____
Form of Payment	I Class Pro	Skill Chart	Auto Pay \$30 deposit if not on auto pay

\_\_\_\_\_

Guardian #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

\_\_\_\_\_

House Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_

Guardian #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

\_\_\_\_\_

House Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

In Case of Emergency Name & Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

How Did You Hear about us \_\_\_\_\_ Friend \_\_\_\_\_ Birthday \_\_\_\_\_ Other \_\_\_\_\_

**(Turn Page Over)**

# Tumble Gymnastics & Dance

## RELEASE OF LIABILITY

I, \_\_\_\_\_ (guardian's name) HEREBY ACKNOWLEDGE that I have voluntarily permitted \_\_\_\_\_ (herein after "Enrollee") to participate in gymnastics instruction,

**I AM AWARE THAT GYMNASTICS AND DANCE INSTRUCTION INVOLVE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PERMITTING ENROLLEE TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ALL RISKS OF INJURY TO ENROLEE THAT MAY RESULT THEREFROM.**

In exchange for Enrollee being permitted by TUMBLE TIME GYMNASTICS, INC to participate in these activities and use their facilities, I hereby agree that I will not make a claim against or sue TUMBLE TIME GYMNASTICS, INC or any of its principals, employees or agents, for injury or damage resulting from negligence or other acts, whosoever caused, by any employee or agent of TUMBLE TIME GYMNASTICS, INC as result of Enrollee's participation in gymnastics instruction, training or activities.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS TUMBLE TIME GYMNASTICS, INC its principals, employees and agents, and to assume full responsibility for any loss or damage for any claim, lawsuit or demand for loss or damage, on account of injury to Enrollee, whether caused by the active, passive or sole negligence of TUMBLE TIME GYMNASTICS, INC, its employees or agents, while Enrollee is on the property of TUMBLE TIME GYMNASTICS, INC, or is participating in any way

**Parent /Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MEDICAL TREATMENT RELEASE:**

Should it be necessary, in the opinion of a member of the coaching staff of TUMBLE TIME GYMNASTICS, INC to render first aid and assistance to Enrollee, I hereby grant permission to the coaching staff of TUMBLE TIME GYMNASTICS, INC to render such aid and assistance. In the event of an accident or illness, TUMBLE TIME GYMNASTICS, INC and/or employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

**Parent /Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PHOTOGRAPHY RELEASE:**

I hereby grant permission on behalf of myself and my family to be photographed by Tumble Time staff, parents, or contracted photographers at any time during the course of instruction, or at any onsite or offsite event in which 1 or our family participate. I further grant my full permission Tumble Time Gymnastics to copyright, use, reproduce, publish or display all photographs taken of myself or my family for the purpose of advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS.

**Parent /Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Tumble Time Gymnastics Policies

A parent must fill out an application; pay tuition; and sign the release forms to have their child enrolled in a class at Tumble Time Gymnastics. Please notify the office of any changes to your contact information.

**To Cancel Enrollment** a parent must fill out a withdrawal form two week prior to the end of the month. Any make -up classes scheduled after the student's drop date will automatically be cancelled.(Parent's Initial: \_\_\_\_\_)

**Rates:** Monthly fees are based on 4 weeks of classes per month. If not on autopay we require a \$30 deposit to be used if no drop notice is given. (Parent's Initial: \_\_\_\_\_)

**Tuition:** Tuition is due between the 25th of the month and the 5th it becomes late after the 5th. A \$10 late fee will be assessed for payments that are received after the 5th. Participation will be denied after the 2nd week of the cycle. There is an annual membership fee of \$25 per student. (Parent's Initial: \_\_\_\_\_)

**Registration:** Gymnast that drops out of class for one month will have to re-enroll. The gymnast's place will not be held if they drop. (Parent's Initial: \_\_\_\_\_)

**Missed class:** Make ups cannot be used to offset against monthly dues. Make-ups are allowed if the office is contacted no later than the day of the missed class to qualify for make-ups. All make -ups must be approved by the office and must take place within 2 weeks of the absence or a make-up is forfeited. One make -up per month may be requested. Make -ups are a privilege and are not guaranteed. (Parent's Initial: \_\_\_\_\_)

**Supervision:** We agree to supervise your children during their scheduled class times, but we do not have the staffing to supervise your children outside of these scheduled times. (Parent's Initial: \_\_\_\_\_)

**Holidays:** The gym will be closed the following days: New Year's Day, Memorial Day, July 4th, Labor Day, week of Thanksgiving, week of Christmas Tumble Time may change/add days when necessary. (Parent's Initial: \_\_\_\_\_)

**Spectators:** Class observation is allowed in viewing areas only. Only coaches and enrolled gymnasts are allowed on the floor or on any gymnastics area. If you need to reach your gymnast during class, please ask for help at the front desk. (Parent's Initial: \_\_\_\_\_)

**Attire:** Hair must be tied up. No jewelry allowed. Girls can wear a one- piece leotard or Fitted shorts or footless tights are accepted. Boys should wear a t-shirt and fitted shorts or sweat pants. No shoes or socks on the gym floor. All clothing must be appropriate for children (appropriate referring to style, slogans, and graphics). Tumble Time Gymnastics is not responsible for lost or stolen items. (Parent's Initial: \_\_\_\_\_)

**Safety:** Only registered students are allowed on the gymnastics floor. Children must be escorted into and out of the gym by an adult, and must be accompanied by a coach when on the gym floor. Students are not allowed to wait in the parking lot. Parents are only allowed in the gym area when accompanying children enrolled in a Tiny Tots class, or during Birthday Parties. Tumble Time Gymnastics reserves the right to remove students from the gym area if they are deemed to be a danger to themselves or others, arising from disobedient, defiant or disrespectful behavior.  
(Parent's Initial: \_\_\_\_\_)

**Moving Up:** When your child is ready to advance, the Teacher will let you know. The staff will help you to enroll in the next level. Please understand that if a space is not available in the next level at a convenient time, you may put your child's name on a waiting list. Your child is then encouraged to continue attending their current class until the office staff notifies you of an available space. (Parent's Initial: \_\_\_\_\_)

**Snacks:** No food, drinks, or gum is allowed on the gym floor. When eating in the lobby, please help keep the area clean. (Parent's Initial: \_\_\_\_\_)

I have read the rules and policies of the gym and in particular know my responsibilities for payment, Late Fees of \$10, and requirement to notify the gym in writing of withdrawal of students from class. I WILL BE HELD RESPONSIBLE FOR PAYMENT OF CLASSES UNTIL WRITTEN NOTIFICATION IS RECEIVED BY Tumble Time Gymnastics. ONE MAY CANCEL THEIR MEMBERSHIPS BY PROVIDING THE CLUB WITH A WRITTEN LETTER OF RESIGNATION AT LEAST 15 DAYS PRIOR TO THE DESIRED DATES OF CANCELLATION. ALL PAST DUES MUST BE PAID IN FULL UP TO THE DATE OF CANCELLATION.

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