2018-2019

TUMBLEFUN GYMNASTICS REGISTRATION FORM

1849 OCEAN ST MARSHFIELD MA 02050

WWW.TUMBLEFUNGYMNASTICS.COM

781-837-9895

Child's Name _ _____ F_____M_____

Address_____City_____Zip_____

Birth Date_____Age_____School_____Grade_____

Telephone: Home : _____ Cell Phone: _____

Mother's Name/Occupation _____Work Phone #_____

Father's Name/Occupation_____ Work Phone #_____

Email:_____ Medical Conditions_____

Emergency Contact & Phone Number_____

How did you hear about Tumblefun Gymnastics?_____

Please include a first and second choice for classes in the case that the first choice is full.

CLASS DAY TIME

First Choice_____

Second Choice_____

Tuition Agreement for which we agree to be financially responsible:

TumbleFun Gymnastics, LLC assumes all of our students will continue throughout the year (Sept-June) unless otherwise notified. There is a $25 non-refundable annual membership fee per child or $40 per family, in addition to class fees. Tuition payments are due 1 week before each session begins, unless other arrangements have been made. No refunds or credits will be given for missed or dropped classes. Make-ups need to be scheduled in advance in the office, and must be within the current session. A 10% sibling discount will be applied towards the lesser tuition. I hereby grant consent and authorize the use of photographs, slides, videotapes, and film of my child participating in TFG activities that will promote TFG programs, and recognition of participants.

Acknowledgement of Risk and Waiver Liability

As the parents of _____, we hereby give permission for our child to participate in programs at Tumblefun Gymnastics, LLC. We recognize that gymnastics is a sport that involves height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against TumbleFun Gymnastics, LLC and it's owners, staff, and instructors for any liabilities, loss, cost, damage, medical expense, long-term care, or emotional distress arising out of any personal injury, including total disability, paralysis, and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control, of TumbleFun Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Tumblefun Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

We have read and understand all the above and agree to the above terms, including the waiver of liability.

Signature of parent or Legal Guardian _____Date_____

For office Use Only

Class Fee:_____

Annual Registration/Insurance Fee $25 per child or $40 per family good till 8-31-19

Total Due:_____

Amount Paid_____ Date_____

Check #_____Start Date_____Week #_____Session_____