

# SUMMER GYMNASTICS CLASS REGISTRATION FORM 2019

## 9 WEEK PROGRAM: STARTS JUNE 13<sup>TH</sup> – AUG 15<sup>TH</sup>

Child's Name \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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 CIRCLE CLASS CHOICE.**

CLASS CHOICE	THURSDAY	9 WEEK COST
ME & MY SHADOW AGES 18MON-3 YEARS	8:15-9:00	\$175

**\*Closed July 4th**

**Tuition Agreement for which we agree to be financially responsible:**

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..

**Acknowledgement of Risk and Waiver Liability**

As the parents of \_\_\_\_\_, we hereby give permission for our child(ren) 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(ren) 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 our child(ren) while on the premises of or under the instruction, supervision, or control, of TumbleFun Gymnastics, LLC. We hereby testify to our child(ren)'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. I hereby grant consent and authorize the use of photographs, slides, videotapes, and film of my child(ren) participating in TumbleFun Gymnastics activities that will promote Tumblefun Gymnastics programs, and recognition of participants.

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

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

For office Use Only

Class Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Start Date \_\_\_\_\_ Week # \_\_\_\_\_ Summer Session

**WWW.TUMBLEFUNGYMNASTICS.COM**

**781-837-9895**

