

SUMMER GYMNASTICS CLASS REGISTRATION FORM 2021

9 WEEK PROGRAM: STARTS JUNE 22nd – 19th

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	TUESDAY or THURSDAY	9 WEEK COST
ME & MY SHADOW AGES 18MON-3 YEARS	8:30-9:15am	\$200

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

