



REGISTRATION FORM

Child's Full Name _____ Sex _____ Date of Birth _____
Class Name _____ Email _____
2nd Child's Full Name _____ Sex _____ Date of Birth _____
Class Name _____ Room # _____
Mailing Address _____
City _____ State _____ Zip _____ Home Phone _____
Mom's Full Name _____ Work/Other Phone _____
Dad's Full Name _____ Work /Other Phone _____
Email: _____
Contact Person's Name _____ Relationship to Student _____ Phone # _____
Credit Card Type: VISA / MASTERCARD / DISCOVER Credit Card Number: _____
Name as it appears on the Credit Card: _____

PAYMENT AGREEMENT

For in consideration of \$ _____ PER MONTH, *The Tumble Gym, LLC.*, agrees to provide proper instruction of gymnastics for the above registered student. I, the undersigned, agree to pay said monthly/fee on or before the 1st of each month. In the event a check for payment of the above tuition is returned to *The Tumble Gym, LLC.*, I agree to pay a \$25.00 returned check fee. I understand that membership with *The Tumble Gym, LLC.*, is a once a week/month financial commitment, beginning _____ and ending _____. I also understand that financial credit is not given for holidays, vacations, cancelled classes, or time out of the gym due to sickness or injury. I understand that I may terminate this agreement by giving *The Tumble Gym, LLC.* **WRITTEN NOTICE**—signed, dated, received, and acknowledged by the Staff at *The Tumble Gym, LLC.*, by the 1st of the month prior to the month that I wish to terminate this agreement, and I further understand that the student's place in class(es) would then be sacrificed.

LIABILITY/MEDICAL RELEASE AGREEMENT

I, the undersigned, understand and acknowledge that participation in gymnastics can be hazardous and realize that no one should enter this activity unless the participant is medically able. By permitting my child to participate in classes or on at *The Tumble Gym, LLC.*, I understand and acknowledge the fact that gymnastics, and gymnastics related activities always involve certain degrees of risk of injury to the participant, including but not limited to: death, serious neck and/or spinal injuries resulting in complete or partial paralysis, brain damage, and serious or minor injury to virtually all bones, joints, muscles and organs; further understanding that all the mats, pits and other equipment provided for my child's protection, including the active participation of an instructor who may spot or assist in the performance of certain skills, may not be able to prevent injury. In order for my child to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize *The Tumble Gym, LLC.*, and their staff members to obtain medical treatment including transportation to a medical facility. I hereby hold them and their representatives harmless in their exercise of this authority. I acknowledge such risks, and hereby release *The Tumble Gym, LLC.*, its owners and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a student of *The Tumble Gym, LLC.*, whether occurring in upon the premises of *On The Move Gymnastics, Raleigh School of Gymnastics, Cary School of Gymnastics* or while participating in exhibitions off the premises. I assume full financial responsibility for any medical treatment obtained in the event of injury or illness. I am aware that participation in the sport of gymnastics will be a dangerous activity involving **MANY RISKS OF INJURY!!!** The above named student(s) has/have had a medical examination in the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury, every effort will be made to contact the parents/legal guardian. If necessary, I authorize *The Tumble Gym, LLC, Valley Cheer and Dance and/or Raleigh School of Gymnastics* to administer first aid. **STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND MEDICAL INSURANCE!!!** I agree to be responsible for any medical bills incurred resulting from injury during the above named student(s) participation at *The Tumble Gym, LLC.*

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND, AND WILL ADHERE TO THE FOREGOING PAYMENT AND LIABILITY/MEDICAL AGREEMENTS.

Parent/Legal Guardian Signature _____ Date _____

