

# Tumblebees Ultimate Gym 2011-2012 Registration Form

Parent / Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Student 1: \_\_\_\_\_ Age: \_\_\_\_\_ M / F: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Class 1: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Code: \_\_\_\_\_

Special Medical Concerns: \_\_\_\_\_

Student 2: \_\_\_\_\_ Age: \_\_\_\_\_ M / F: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Class 1: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Code: \_\_\_\_\_

Special Medical Concerns: \_\_\_\_\_

## LIABILITY / MEDICAL WAIVER

It is understood that the participation in sports activities at Tumblebees Ultimate Gym (TUG) may involve the risk of serious injury or death. I expressly agree that all such activities and/or the use of any TUG facilities or activity is undertaken at participant's own risk. I represent that my child \_\_\_\_\_ is able to undertake the enrolled activities provided by TUG and I authorize TUG employees to take the necessary steps regarding medical attention and will allow authorized hospital facility and staff to treat me/my child. I hereby, forever RELEASE, waive, and discharge TUG, its affiliates, officers, directors, servants, agents, and employees on behalf of myself, participant's self, heirs, executors, administrators, and personal representatives from any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services/activities or facilities provided by TUG. TUG shall not be liable for any such claims.

At times, we love to share the excitement of our programs with pictures (no names) of our students on our website and on printed materials. Do you give permission for your child's picture to be used? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read the Liability / Medical Waiver and understand my Member Handbook policies.

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parent/guardian if under 18 years old)

## PAYMENT METHODS (select one)

AUTOMATIC DRAFT (by credit card, debit card or checking account)

Please fill out attached Automatic Draft Information form

PAY MONTHLY (by credit card, debit card, cash or check)



\_\_\_\_\_ I understand that in order to withdraw my child from any Tumblebees program, a **MEMBERSHIP CANCELLATION FORM** must be submitted at the front desk at least one month prior to withdrawal.

INITIAL HERE

## OFFICE USE ONLY

Start Date \_\_\_\_\_

## FEES

Reg. Fee \_\_\_\_\_

Recital Fee \_\_\_\_\_

Tuition \_\_\_\_\_

Discount \_\_\_\_\_

TOTAL \_\_\_\_\_

## PAYMENT METHOD

Cash \_\_\_\_\_

Credit Card \_\_\_\_\_

Check \_\_\_\_\_