

TUMBLEBEES ULTIMATE GYM 2008-2009 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.

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

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)

In order to withdraw your child from our program, a **MEMBERSHIP CANCELLATION FORM** must be submitted at the front desk at least one month prior to withdrawal.

OFFICE USE ONLY

Start Date _____

FEES

Reg. Fee _____

Recital Fee _____

Tuition _____

Discount _____

TOTAL _____

PAYMENT METHOD

Cash _____

Credit Card _____

Check _____