

# Tumble Time Gymnastics Registration Form 2018

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

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

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY TREATMENT:** If necessary, in the opinion of the coach in charge, first-aid may be administered to my child. S/He may be taken to a licensed physician for emergency treatment if the coach is unable to contact the parent/guardian immediately.

Please indicate all allergies, medical conditions or/and activity restrictions the Tumble Time Staff should be aware of.

**WAIVER AND RELEASE:** I am fully aware of and appreciate the risk, including the risk of a catastrophic injury, paralysis and even death, as well as other damage and losses associated with participation on the sport of gymnastics. I agree that Tumble Time Gymnastics along with any employees, agents officers and/or directors of the organization shall not be liable for any losses and/or damages that may occur as a result of my child's participation in the sport of gymnastics.

*\*Permission to use photos for [TumbleTimeMerced.com](http://TumbleTimeMerced.com)*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**OFFICE ONLY:**

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Trial \_\_\_\_\_ Tuition \_\_\_\_\_ Membership \_\_\_\_\_

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

Last Day \_\_\_\_\_

## Tumble Time Rules and Policies

Please initial and sign the following:

\_\_\_\_\_ **PAYMENT:** Annual Membership is due upon enrollment. Tuition is due the first week of every month. If tuition is not made during the first week of every month, **your child will not be allowed to participate in their regular scheduled class until tuition is made.** Full payment is due even if your child has missed any of their classes and/or if the gym is closed due to Holidays, summer and winter break. We do not prorate the tuition, **no exceptions.** For the safety of the gym, we do not carry or give back change. Tuition paid with cash must be the exact amount due or any remainder amount will be put towards credit for your child's next month tuition. We do accept cash, check, credit cards and payment over the phone.

\_\_\_\_\_ **MAKE-UPS:** As a courtesy and if space permits, we allow make - up classes **only** if your child is sick **AND** you have called the day of their classes to inform the gym of their absence. The make-up class must be completed within 1 week of the missed class. Make-ups are not allowed for any other reason such as vacations, school functions, family in town visiting, etc.

\_\_\_\_\_ **VIEWING/SEATING AREA:** No parents are allowed on the floor at anytime, with the exception of our parent/tot classes. Only enrolled children are allowed on the floor and only during their scheduled class time. All spectators, friends, siblings and children who are enrolled in the gymnastic program **must** stay off the floor, cubbies and all equipment until their regular scheduled class begins. This includes anyone in the waiting area.

\_\_\_\_\_ **ATTIRE:** Leotards or comfortable workout clothing without buttons and zippers. All hair must be tied back or clipped before class starts. No jewelry. No gum

\_\_\_\_\_ **BATHROOMS/DRINKING FOUNTAIN:** We ask that you please accompany all young children to the restroom and drinking fountain to keep these areas tidy and safe for everyone. Please make sure your child uses the restroom before class.

\_\_\_\_\_ **DROPPING OFF/PICKING UP CHILDREN FROM CLASS:** We do not require a parent to stay for the duration of the class, but for the safety of your child we ask that you please come inside the building to drop off **and** pick up your child/ern. **PLEASE NO CURBSIDE DROP OFFS OR PICK UPS.**

\_\_\_\_\_ **QUESTIONS/CONCERNS:** No talking to the coach/es or child during classes. If you have a question or concern you may stop by the front desk and ask the receptionist to leave a message for the Manager and you will be contacted within the next business day to discuss your concerns.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_