



Registration Form

1) Student Name: _____ DOB: _____ Age: _____ Sex: _____

2) Student Name: _____ DOB: _____ Age: _____ Sex: _____

Parents/Legal Guardians Names: _____

Address: _____ Best Phone: _____ Cell/Other: _____

City/State/Zip: _____ Email: _____

Emergency Contact (*other than parent*): _____
(Name) (Phone) (Relationship)

Please list any facts concerning your child's medical history to which a physician, instructor, or director should be alerted, such as: allergies, medications, asthma, physical impairments, etc...

Tumbling Tutor® Assumption of Risk, Waiver of Liability, & Medical Authorization

As the legal guardian of the person(s) listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death, can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Tumbling Tutor® programs and activities, and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing the above mentioned person(s) to obtain tumbling instruction, I, on my own behalf, and the behalf of the above mentioned person(s), and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Tumbling Tutor®, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under instruction, supervision, or control of Tumbling Tutor®, including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency, I would like the above mentioned person(s) to be taken to a hospital for medical treatment and I hold Tumbling Tutor® and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating in Tumbling Tutor® programs and activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY AUTHORIZATION, and I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Tumbling Tutor® Photo Waiver

I give permission to Tumbling Tutor® to take and use any photographic image or replication of my child/children in any of our advertising, brochures, or educational materials. This may include but is not limited to: television commercials or news stories, newspaper ads or stories, educational videos or printed materials for coaches and staff, special event flyers, brochures or other advertising materials, etc...

Parent/Legal Guardian's Signature: _____ **Date:** _____

Parent Agreement

I have read and agreed to the Tumbling Tutor® policies (on the back), regarding: payment, make-ups, and apparel.

Parent/Legal Guardian's Signature: _____ **Date:** _____

(Please flip over for Tumbling Tutor Policies)



Tumbling Tutor Policies

Payment Due Date

Payment is due before the first class of each session. If payment is not received within ten days of the due date a \$15 late fee will automatically added to your account. Session dates and cost are posted a week in advance at your site.

Payment Options

Cash, check, or charge. Payments may be dropped off at your site or call office for phone payment.

All credit cards are accepted. Credit Card authorization forms can be requested on site or downloaded on our website www.tumblingtutor.com. Please make checks payable to Tumbling Tutor®. Sign up for Auto-Pay and receive a \$5 discount per session (applies to 4+ week sessions only).

Sibling Discount

There is a 10% sibling discount for the 2nd child.

Session Length

Sessions run monthly. Session dates and cost are posted a week in advance at your site. A typical session will run for four weeks or four classes. Holidays and school events may create variances. All classes are 45 minutes.

Cost

It is \$15 per child, per class (\$60 monthly = 4 classes) plus registration fee. We charge per session. For new students, the registration fee is \$25 per family.

Registration Fee

The \$25 registration fee is a one-time fee per family.

Make-up Policy

Tumbling Tutor® does *not* offer make-ups or credit, unless we are notified at least 24 hours *in advance*. In the unlikely event that class is canceled by Tumbling Tutor a make-up will be scheduled or a credit will be issued.

Drop Policy

Please notify Tumbling Tutor® via email, instructor, or call the office *before* your child's last week of class.

Appropriate Apparel

They should wear clothes they can easily move in. Jewelry, zippers, buttons, and anything else that could potentially get caught or scratch should be avoided. All long hair should be pulled up out of the face.

Contact Information

Tumbling Tutor®
303 Potrero St. Suite 29-102
Santa Cruz, CA 95060

info@tumblingtutor.com

Office # (831) 423-7406