

# Tumblebus Station

Ph: 770-529-5771 · Fax: 770-529-5760

Email: kids@tumblebusatlanta.com

# Registration Form

## Student Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Ph \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Student's Medical Condition or allergies that we should be alerted \_\_\_\_\_

Emergency Contact Info – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about Tumblebus? \_\_\_\_\_

Has student or anyone in your family previously been enrolled at Tumblebus? Who \_\_\_\_\_

When \_\_\_\_\_ Was student enrolled at another gym? Which one \_\_\_\_\_ How long \_\_\_\_\_

Photos may occasionally be taken of class participants. Is Tumblebus free to use such photos for marketing purposes? Yes  No

Do you agree to let Tumblebus use such photos without compensation to you? Yes  No

## Class Information

1<sup>st</sup> Choice \* ... Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice \*... Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Are siblings enrolled / enrolling in Tumblebus Classes Yes  No  Name \_\_\_\_\_

\* See you the first day of class! We call only if there is difficulty supplying your first choice!

## Payment Information

Annual Family Administration fee - \$35.00 (unless paid within the last 12 months) ..... \$ \_\_\_\_\_  
\$20.00 for second child – maximum \$55.00 family (Includes T-Shirt)

Class Tuition (Full payment required. Payment fully refundable if your 1<sup>st</sup> class is not available) \$ \_\_\_\_\_

TOTAL ENCLOSED (payment by is preferred) ..... Check  Credit Card  ..... \$ \_\_\_\_\_

Make check payable to Tumblebus .... Check # \_\_\_\_\_

Credit Card Information – Type of card: Visa  Master Charge  Am Express  Discover

Print Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code on back \_\_\_\_\_ Is billing address same as above Yes  No

If not please list address \_\_\_\_\_

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

Tuition payment is due at registration for all classes. If your child misses a class they should attend another class to make up the missed class. Reservations are required for all makeup classes due to child / teacher ratios. If no class is available then a make up class may be requested from the Tumblebus office and scheduled based on demand.

## ASSUMPTION OF RISK · WAIVER OF LIABILITY · MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading, and rock climbing. Being fully aware of these dangers, I hereby give consent for my child (children) to participate in any and all Tumblebus or Tumblebus Station programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child's (children's) participation I hereby, for myself and my child (children) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE HEF Inc dba Tumblebus, its officers, directors, shareholders, employees, contractors and volunteers from all liability in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In the event of an accident or emergency I hereby authorize my child (children) to be transported to a hospital for medical treatment and I hold Tumblebus and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child (children) as a result of any injury sustained while participating at or for Tumblebus or Tumblebus Station.

I have read and understand this ASSUPMTION OF RISK and WAIVER OF LIABILTY and MEDICAL AUTHORIZATION and I VOLUNTARILY AFFIX MY NAME IN AGREEMENT

Parent /Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_