



4012 Lower Huntington Road
Fort Wayne, IN 46809
260-478-1709
www.tumblemx.com

Registration Form

Please complete the following information:

Student's Name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ School: _____
Mother's Name: _____ Father's Name: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Emergency Contact Information:

Contact Name(s): _____ Phone Number: _____
Relationship to child: _____

Additional Information:

Please describe skill level and/or experience of child:

How did you hear about Tumble X, Inc.?

Would you be interested in participating in an All-Star program (a competitive cheer squad)? Yes/No

Tuition Payment Policy:

Tuition is due on or before the 1st of each month (you will receive a bill in the mail). A \$10.00 late fee is added if not paid by or on the 1st of the month. A \$20.00 fee will be assessed for all checks returned to our bank for insufficient funds, etc. Failure to pay all tuition and fees in a timely manner may result in suspension of athlete from classes and/or remittance to a collection company. In the event of a collection, customer may also be charged collection and attorney fees.

Initial acceptance: _____

~~Form continued on other side~~

INTERNAL USE ONLY:

Coach: _____
Day & Time: _____
Class Level: _____
Amount Paid: _____ (Circle one) Cash Credit Card Check # _____
Start Date: _____
Registration fee paid (Circle one): Yes No

Registration Form Continued:

Notice to Drop Class:

I understand that I need to give a 4 week written notice (notices may be obtained at the front desk) if my child will be dropping a class at Tumble X, Inc. Initial acceptance: _____

Medical Release

I fully understand that Tumble X, Inc. and their employees, coaches, and owners (collectively hereinafter referred to as "staff") are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize the staff to render temporary first aid to my child or children in the event of an injury or illness and if deemed necessary by staff to call a doctor and seek medical help including transportation to any health care facility or hospital or the calling of an ambulance for said child should staff deem it necessary.

Parent Signature: _____ **Date:** _____

Medical Insurance Company: _____

Policy & Group Number: _____

Acknowledgement of Risk and Waiver of Liability:

As parent or legal guardian of _____, I hereby consent to the aforementioned person participating in the Tumble X, Inc. programs. I recognize and understand that participation in these programs pose known risks and unanticipated risks which could result in injury (minor, serious, catastrophic), paralysis or emotional distress.

Understanding the potential dangers inherent in any such physical activity or the use of such a facility you hereby accept those potential dangers and agree to hold harmless Tumble X, Inc., its owners, officers, employees and coaches from all liability, claim, demand or cause of action which you may have on behalf of yourself or your child/children associated with any activity occurring while under the instruction of Tumble X, Inc, or on its premises, whether such claim, demand, cause or action or liability is based upon negligence, breach of warranty (expressed or implied), breach of contract (expressed or implied), product liability, upon any other legal theory or basis of any nature whatsoever.

This is purely a voluntary activity and you have voluntarily chosen without pressure or compulsion to be involved in the activity. By signing this form below you understand and agree to the terms of this agreement. This acknowledgement of risk and waiver of liability is signed voluntarily.

Parent Signature: _____ **Date:** _____

Witness: _____ **Date:** _____