

# Tumblebear Gymnastics

## Enrollment Form-Tuition Fees

Center: \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Child's Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Apt. #

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Conditions or Important Information about your child: \_\_\_\_\_

I understand that any activity requiring height and motion contain risks. I/we the undersigned, as parents or legal guardian in consideration for allowing my child to participate in the Tumblebear INC. Gymnastics Program, do hereby forever waive any and all claims I/we may have whether present, past or future, against Tumblebear Gymnastics INC. it's officers, directorsemployees, agents, successors and or assigns which may arise as a consequence of my child's participation in Tumblebear Gymnastics. I/we assume all responsibility for any and all risks associated therewith, whether known or unknown to me, including but not limited to injuries, medical expenses now existing or which may hereinafter arise and any consequence that may develop, whether or not such consequences are known or anticipated by me /us. Tumblebears reserves the right to drop your child from class for non payment of tuition, behavioral issues or low enrollment at your facility. I have read and agree to the above waiver and agree to adhere to all policies stated in this brochure during my child's participation in the Tumblebear Gymnastics Program.

We know parents would love to see their child in Tumblebears but don't get the opportunity so as an added service we are going to try to get some photos of your child during the year and email them to you. On occasion Tumblebears needs photos for promotional materials, if we get some nice photos and would like to use your child's photo we will contact you for approval before using the image.

\_\_\_\_\_ Yes, I give permission to take my child's photo \_\_\_\_\_ No, I do not want my child's photo taken.

Parents Signature: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Please see reverse side to enroll in our auto payment program for tuition

### Enrollment Information

1. Remember to sign your enrollment form. Students need to have a signed enrollment form to participate in Tumblebears.
2. Make checks payable to Tumblebear Gymnastics Inc. Please include your child's name on your payment for each session.
3. Attach your payment to the enrollment form and place it into the Tumblebear tuition envelope.

Please make sure you have provided us your email address on the reverse side of this enrollment form, it is important for our future communication with you.

That's all there is to it! We will handle the rest. We look forward to having your child in Tumblebears!

If you have any questions please contact the Tumblebear office between 9am and 5pm Monday through Friday 219-865-9698 or email us at tumblebearmobile@aol.com

### Automatic Debit/ Credit Card Program

Credit Card Type: Debit  MC  Visa

Credit Card Number: CVC 3Digit Code: \_\_\_\_\_

\_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_ Address is the same as on the reverse side

Billing Address: \_\_\_\_\_

\_\_\_\_\_

*I Authorize Tumblebear Gymnastics Inc. to charge my debit/credit card the Friday before the start of each new session for my child's Tumblebear tuition payment.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_