

Roll  
Balance

Jump

Bounce

Flip



# Tumbles Gymnastics



**Gymnastics  
Classes  
At  
LCC Day  
School**

**10% Sibling  
Discount**

Exciting and Fun  
Lesson Plans



Gymnastics Classes  
for ages 2yrs - 5yrs

Safe and Challenging  
Equipment



## Tumbles Gymnastics Program

*\$46.00 per month*

*\$20.00 Annual Registration Fee*

*(\$20.00 for one child, \$35.00 for two or more)*

*(includes a Tumbles t-shirt)*



Sibling  
Discount is for  
monthly tuition  
only, not for  
registration fee.

How do I enroll my child in the  
Tumbles Gymnastics Program?

Gymnastics  
classes are on  
Thursdays

Step 1: ALL students must complete a 2018 - 2019 registration form.  
Registration forms are located in the school office, or contact us  
at 727-849-3100 and we will email you one.

Step 2: Return your completed registration form to the school office  
(Please note: We do not take check or cash payments. All  
participants must be enrolled in our "auto pay" program).

**GYMNASTICS CLASSES AT LCC:**

**12:30 - 1:00, 1:15 - 1:45 AND 2:10 - 2:40**

CALL OR EMAIL US AT:  
**727-849-3100 -OR- [tumbles2flip@aol.com](mailto:tumbles2flip@aol.com)**

# Tumbles Gymnastics

7143 State Road 54, #256  
(727) 849-3100

# 2018-2019 Student Information Form

New Port Richey, FL 34653  
tumbles2flip@aol.com



**PLEASE PRINT LEGIBLY - ALL INFORMATION IS REQUIRED**

**This Form must be completed for each student every year.**

Student Name	Gender	Age	Birthdate	Shirt Size (Check One Below) <input type="radio"/> XS(4-5) <input type="radio"/> S(6-8) <input type="radio"/> M(10-12) <input type="radio"/> L(14-16) <input type="radio"/> AS	
Student Name	Gender	Age	Birthdate	Shirt Size (Check One Below) <input type="radio"/> XS(4-5) <input type="radio"/> S(6-8) <input type="radio"/> M(10-12) <input type="radio"/> L(14-16) <input type="radio"/> AS	
Address		City	State	Zip	Home Telephone
#1 Parent/Legal Guardian Name		#1 Parent/Legal Guardian e-mail		#1 Parent/Legal Guardian Cell	
#2 Parent/Legal Guardian Name		#2 Parent/Legal Guardian e-mail		#2 Parent/Legal Guardian Cell	
Are there any medical conditions of which we should be aware? Yes No <u>If yes, please specify:</u>					
Preschool or Child Care Center Name					



## Payment Information - Credit or Debit Card Only

**The Annual Registration Fee and First Monthly Payment are both due at the time of Registration.**

*The notice to discontinue gymnastics instruction must be received at least thirty (30) days PRIOR to the time gymnastics classes are to stop. Failure to give a thirty (30) day notice will result in full payment for one month's tuition.*

Annual Registration Fee (Choose One)	<input type="radio"/> Single Child	\$20.00
	<input type="radio"/> Family, 2+ Children	\$35.00
Single Child Monthly Payment Complete the information below to use the EASY-PAY Option.	<b>Credit and Debit Cards only.</b>	
	<b>EASY-PAY (See Below)</b>	<b>\$46.00</b>

## EASY-PAY Credit or Debit Card Information - VISA, Mastercard or Discover

Card Holder Name	Card Number	Exp. Date	Card Type (Check One) <input type="radio"/> VISA <input type="radio"/> MCard <input type="radio"/> Discover
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Card Holder Address and Telephone Number (If Different from Address Above):

Address	City	State	Zip
Home Telephone	Work Telephone	Mobile Telephone	

I authorize Tumbles Gymnastics to charge all regular tuition fees and any other items approved by me on my Tumbles account to the credit card indicated above. The regular tuition fees and other approved charges will be charged to my card on a monthly basis prior to the gymnastics classes. I understand that Tumbles Gymnastics requires a 30-Day Written Drop Notice, which is strictly enforced, to stop EASY-PAY charges. **The notice to discontinue gymnastics instruction must be received at least thirty (30) days PRIOR to the time instructional classes are to stop. Failure to give notice may result in full payment for one month's tuition.** I have read and agree to comply with this requirement.

\_\_\_\_\_  
Printed Name of Card Holder

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

## ASSUMPTION OF RISK WAIVER OF LIABILITY MEDICAL CARE PHOTO RELEASE

**MUST BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN PRIOR TO STUDENT'S PARTICIPATION.**

**ASSUMPTION OF RISK.** I recognize that movement and sports activities can be dangerous and that injuries, including severe injuries (e.g., catastrophic injury, paralysis, and even death) can occur in any activity involving height or motion, including, but not limited to, gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities provided by Tumbles Gymnastics, LLC ("Tumbles") and I ACCEPT ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.

**WAIVER OF LIABILITY.** In consideration of my child(ren)'s participation, I hereby, for myself and my child(ren) (as the child(ren)'s legal guardian) and our respective heirs and successors, PROMISE NOT TO SUE IN ANY COURT and FOREVER RELEASE Tumbles and their respective officers, directors, shareholders, employees, and volunteers from all liability resulting from any damages or injuries incurred as a result of participation, including those resulting from acts of negligence or gross negligence. Further, I understand that if I ignore this agreement and file any suit, I will be held responsible for attorney's fees and court costs incurred by Tumbles.

**MEDICAL CARE.** I hereby agree individually to provide for any medical expenses that may be incurred by my child(ren) as a result of any injury sustained while participating in any Tumbles' activity.

**PHOTO RELEASE.** I am aware that parents, grandparents, media, employees or other persons may take photos or videos of Tumbles activities. In consideration for my child(ren)'s participation, I hereby grant my permission for my child(ren)'s or my likeness to appear in electronic or printed publicity or advertising, including in Tumbles' social media sites.

I have read this agreement in its entirety and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL CARE and PHOTO RELEASE. I VOLUNTARILY affix my name in full agreement.

\_\_\_\_\_  
Printed Name Parent/Legal Guardian

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date

07.15.2018

**Tumbles Gymnastics is a USA Gymnastics Member Club - "Begin Here. Go Anywhere."**