

Leaps & Bounds Registration Form 2019-2020

Parent/Guardian Name _____ Today's Date _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Mom Cell Phone _____ Dad Cell Phone _____

Family Email Address _____

Children:

1. _____ Birthday _____ Age _____ Grade _____ School _____

Medications, injuries or surgeries _____

2. _____ Birthday _____ Age _____ Grade _____ School _____

Medications, injuries or surgeries _____

3. _____ Birthday _____ Age _____ Grade _____ School _____

Medications, injuries or surgeries _____

4. _____ Birthday _____ Age _____ Grade _____ School _____

Medications, injuries or surgeries _____

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

How did you hear about Leaps & Bounds? _____

Please list previous gymnastics, dance, cheer or fitness locations _____

Liability waiver & disclaimer:

As with any physical activity it is best to consult a doctor before beginning any activities offered at Leaps & Bounds. By registering yourself or your child(ren) for any activities at Leaps & Bounds Gymnastics & Dance you ensure that you or your child(ren) is /are physically able to withstand the activities involved and consent to participation in any and all activities offered at Leaps & Bounds Gymnastics & Dance.

I fully understand that the staff at Leaps & Bounds Gymnastics & Dance are not physicians or medical practitioners of any kind. I hereby release the staff, volunteers, sub-contractor, or other representative of Leaps & Bounds Gymnastics & Dance to render emergency first aid to myself or my child in the event of any injury or illness, and if deemed necessary to call an ambulance, which I agree to pay for. I agree to provide health insurance for myself and/or the above listed minor(s) child(ren) and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in any activities with Leaps & Bounds Gymnastics & Dance.

I am fully aware of the inherent risks involved in gymnastics, dance, cheerleading and fitness participation including injury, paralysis, or even death and hereby release from liability and hold harmless Leaps & Bounds Gymnastics & Dance, it's employees, volunteers, sub-contractors, and representatives.

Signature _____ Date _____

Photo & Video Release: I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at Leaps & Bounds Gymnastics & Dance. I authorize Leaps & Bounds Gymnastics & Dance to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor child in all forms of media releases, periodicals, social media and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Leaps & Bounds Gymnastics & Dance from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

Signature _____ Date _____

Leaps & Bounds 2019-20 Automatic Payment Agreement and Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing a minimum of 10 business days prior to your next automatic payment. If the end of the month does not coincide with the end of the current session, you may be required to pay the difference. This authorization will remain in effect until cancelled, or May 31, 2020, whichever comes first.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Last 4 Digits Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Leaps & Bounds Gymnastics to charge my credit card above for gymnastics/tumbling/dance/preschool classes for the 2019-2020 season. I understand that my information will be securely saved to file for future transactions on my account.

Customer Signature

Date