

Leaps & Bounds Registration 2020-21

Parent/Guardian Name _____ Date _____

Child's Name _____ Birthdate _____ Grade _____

Medications/Injuries/Surgeries _____

Child's Name _____ Birthdate _____ Grade _____

Medications/Injuries/Surgeries _____

Child's Name _____ Birthdate _____ Grade _____

Medications?Injuries/Surgeries _____

Child's Name _____ Birthdate _____ Grade _____

Medications/Injuries/Surgeries _____

Address _____ Email _____

City _____ State _____ Zip _____

Home Phone _____ Mom Cell _____

Dad Cell _____ Mom/Dad Work Phone _____

Emergency Contact (Other than person listed above)

Name _____ Phone _____

Relationship to Child _____

How did you hear about us? _____ Referred by _____

LIABILITY WAIVER AND 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.

PHOTO AND 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.

Please contact our office directly if there is any reason your child cannot be included in photos/videos.

MAKE-UP POLICY: Leaps & Bounds offers free make-up classes as long as your child is currently enrolled in a class. By enrolling in classes at Leaps & Bounds, I agree to the following policies regarding make-up classes:

- Please call us at 260-225-5327 to let us know your child will miss his/her class.
- Please schedule a make-up class with our office at least 24 hours in advance.
- If we do not have another exact class for your child, a comparable class will be offered.
- We do not offer make-up classes for free classes, preschool or gym team.
- Missed classes can be made up as long as your child is enrolled, even if your student takes a break and paid sessions are not consecutive. Due to COVID-19, we are suspending the "Use it or lose it within the same session policy" for the 2020-21 school year.
- Make-ups may be made up, at our discretion, for past classes missed within the current session.
- Classes missed due to weather closures may be made up.
- Missed classes may not be made up during camps, clinics or other programs.
- All missed classes will need to be made up before the end of the 2020-21 school year.
- We reserve the right to refuse a make-up class if it will interfere with or disrupt the class experience for the students currently enrolled in that class.

CREDITS/REFUNDS:

- Credits MAY be given for future classes, at our discretion, if your child must drop out of a session for medical purposes ONLY. You must provide a Dr's note in order to receive credit. Credits will remain on your account for one year and may be used towards tuition only.
- Refunds MAY be given, at our discretion, prior to the first class ONLY. Refunds will not be given for any other reason.
- Registration fees are NON-REFUNDABLE.
- We do not give credits or refunds for classes that are canceled due to weather, power outages, vacations, illness, etc, or any other reasons beyond our control.

COVID-19 INFO: I understand and agree to the following policies regarding COVID-19. I understand that these policies may change as information changes.

- Masks are required for all staff, students and parents while inside the building.
- Please maintain 6' distance from non-household members while in the building and waiting for entry.
- Temperatures will be checked at the entry and must be lower than 100.4 F.
- Shoes, coats and bags will remain in the entry.
- Purses and water bottles are allowed in the gym and should be placed under a chair.
- Please use sanitizer upon entry to and exit of the building.
- Please ensure that children's feet are clean before class!
- Please limit guests to 1 per child, siblings are welcome and must stay with a parent/guardian while in the building.
- We ask that if your child, or anyone else in their immediate household has COVID-19 symptoms such as: fever over 100.3, cough or pain in chest, unexplained diarrhea/vomiting, sore throat, shortness of breath or difficulty breathing, new loss of taste or smell, or other flu-like symptoms, please stay home and schedule a make-up class. If your child, or anyone in their immediate household tests positive for COVID-19, your child must quarantine for 14 days and may not return until: 1) a negative COVID-19 test result is obtained, or 2) 14 days or 3 days after the resolution of any symptoms, whichever is later. If you are unsure, please contact the Elkhart

County Health Department COVID-19 info hotline at 574-523-2106 or visit <https://www.elkhartcountycovid19.com>.

- I understand that should Leaps & Bounds be forced to close due to COVID-19, or for any other reason, my child's classes will continue online for the duration of the shutdown, with appropriate modifications. I will have access to the online classes for the remainder of the session in which they were canceled and until the end of my paid tuition term and that refunds/credits will not be given.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I guarantee that I am the legal parent/guardian of the children I am registering for classes at Leaps & Bounds. I have received or will obtain a copy of Leaps & Bounds policies and will take the responsibility to carefully read and follow the rules and policies therein.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Please fill out this section only if you wish to enroll in the auto-payment plan or yearly promotion plan!

Leaps & Bounds 2020-21 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, in writing, or May 31, 2021, 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 20202021 season. I understand that my information will be securely saved to file for future transactions on my account.

Customer Signature

Date