

# Enrollment Pre-Register for Fall Sept 2 - Nov 3, 2024

## Contact Details

Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
child name + DOB \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Class Day + Time: \_\_\_\_\_ Other option: \_\_\_\_\_

## Payment Details (check one)

Payment method options:  check # \_\_\_\_\_  
Made out to Kim DeMado  Cash  Online/credit card

## Class Choice (check class name, check rate payment, add day + time preferred)

	Super Early Bird pay by 7/4	Early Bird pay by 7/5-8/15	Online Rates
Tadpoles or Mighty Tikes rate:	<input type="radio"/> \$199/check or cash	<input type="radio"/> \$209/check or cash	\$219 Online
Froglets or Leap Frogs rate :	<input type="radio"/> \$209/check or cash	<input type="radio"/> \$219/check or cash	\$239 Online
Music Classes rate :	<input type="radio"/> \$189/check or cash	<input type="radio"/> \$199/check or cash	\$219 Online

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY AND POLICIES

1. That my child or I am participating in the tumbling, sports, games, camps, parties, dance, music classes, fitness programs, or workshops offered by Tumble Tikes or Triple Jump Fitness, at this time, my child or I will receive information and instruction about fitness and movement. I recognize that fitness movement requires physical exertion that may be strenuous and may cause bodily injury, and I am fully aware of the risks and hazards involved.
2. I recognize that I must notify my Tumble Tikes Instructor or TJJ Coach of any severe illness or injury before every class. As a result, I agree to not perform any exercises to the extent that they may cause damage.
3. I understand that I must consult a physician before and regarding my or my child's participation at Tumble Tikes or TJJ. As a result, I represent and warrant that my child or I am physically fit, and I have no medical condition that would prevent my full participation at Tumble Tikes.
4. In considering participation at Tumble Tikes, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, that I might incur due to participating in the program.
5. In further consideration of being permitted to participate at Tumble Tikes, I knowingly, voluntarily, and expressly waive any claim I may have against Tumble Tikes or Triple Jump Fitness for injury or damages that I sustain as a result of participating in the program.
6. I, my heirs, or legal representatives forever release, waive, and discharge not to sue Tumble Tikes or Triple Jump Fitness for any injury or death caused by their negligence or other act.
7. Absences: Refunds for missed classes due to illnesses, inclement weather, or holidays are unavailable. However, if there is room, you may schedule a makeup class (limit 2) at a different time, depending on availability in the same session. There are no rollovers into another session.
8. Tumble Tikes reserves the right to revoke a student's class enrollment if determined that the child's behavior is putting s/he at risk and the safety of the other class participants at risk.

I have read the above release & waiver of liability and class policies and fully understand its contents. Accordingly, I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature + date

