



Registration Form

**Programs and spaces can only be guaranteed depending
on the number of students PRE-REGISTERED.**

Child's Name: _____

Date of Birth _____ Age: _____ Gender: Male ☐ Female ☐

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Date of Birth _____ Age: _____ Gender: Male ☐ Female ☐

Parent/Legal Guardian's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: () _____ Emergency Contact (Name and #): _____

Are there any medical conditions to which we should be alerted? Yes ☐ No ☐

If yes, please explain:

Do Not Write Below This Line

Payment Schedule:

September:

October:

November:

December:

January:

February:

March:

April:

May:

June:

Availability and spots are not guaranteed. Payments and missed days cannot be transferred to any other program/class.

Payment and fee Information

Instructional classes are **\$600.00 per year**. Payments may be made in one lump sum or in installments of **\$60.00 per month**.

DUE BY THE 15TH OF THE PRIOR MONTH THAT CHILD PLANS TO ATTEND CLASS.

Semi private classes are \$80.00 per month per child.

Private classes are \$100.00 per month.

Siblings receive a \$10.00 discount, except for private and semi-private classes.

There will be a late fee of \$15.00

To Pay by Check or Cash: *Payments must be paid in full at time of registration. If mailing payment, send it to **PO Box 183, Adams Center, NY 13606.***

Please do not mail cash if mailing payment. Make checks out to Tammy Castor or Stepping Stones of Triumph. A completed registration form must be submitted with payment at the time of registration.

Please print and use black or blue ink

A child is defined as anyone under the age of 18. An adult is anyone 18 years of age or older.

Acknowledgment of Risk and Wavier of Liability

I, (parent/guardian FULL name) _____

The undersigned, hereby give permission for (child's name)

_____ to participate in programs at Tammy's Tumbling and Gymnastics. I indemnify Tammy's Tumbling and Gymnastics from any and all injuries. I recognize and accept the risks associated with activities involving rotation of the body, such as tumbling and related activities, and I understand the potential of severe injury including paralysis or death. I understand that it is the express intent of Tammy's Tumbling and Gymnastics to provide for the safety and protection of my child and inconsideration for allowing my child to use these facilities, I hereby and forever release Tammy's Tumbling and Gymnastics, its officers, employees, and instructors from any and all claims, liabilities, losses, costs, damages, and personal injuries that may occur under the instruction, supervision, or control of Tammy's Tumbling and Gymnastics. I hereby testify my child's sound health of mind and body and I authorize Tammy's Tumbling and Gymnastics to seek medical treatment at the nearest medical facility in case of emergency. My medical insurance company will pay all bills.

I, the undersigned, have read and understand the "Acknowledgement of Risk Waiver of Liability". I agree to pay all fees and agree to abide by these and any and all policies/procedures listed on this form.

Signature of Parent or Legal Guardian: _____

Date: _____

ALL PROGRAM POLICIES AND PROCEDURES

(The below section applies to ALL Tumbling Programs)

- All payments must be paid in full and accompanied by the completed registration and waiver form. Children are not registered without payment and a properly completed form. Please write a memo on your check regarding class.
- **Please review all program schedule forms for age groups, pricing, rates, and details.**
- **Walk-ins are welcome, however space is limited and availability is not guaranteed.**
- **Review each individual program policies and procedures section below. Each program may vary**
- Medical credits will be issued only if cancellation is due to a serious illness or injury, which would prevent your child from doing any physical activity for an extended amount of time. Physicians letters must confirm the seriousness of the illness or injury in writing and be signed by your child's primary physician. Medical credits will be issued from the date of the physicians note AND must be received within 48 hours of the date of the note. Physicians notes not received within 48 hours of the date on the note will only be credited on the date the note is received in our facility. If the note is received after the previously explained 48 hour period and it was for a program that has been completed, it would not result in a credit. All funds will therefore be forfeited. Medical credits expire 6 months from the date of issue.
- Credits are program specific and expire after 6 months.
- Tammy's Tumbling and Gymnastics reserves the right to refuse or dismiss any child for just and reasonable cause. Behaviors such as acting in a manner that is inappropriate and/or endangering oneself or to another individual will not be tolerated. No refunds or credits will be issued.
- Tammy's Tumbling and Gymnastics does not discriminate on sex, religion, or race.
- Tammy's Tumbling and Gymnastics is not responsible for lost or stolen items
- **There is a \$25 processing fee for returned check. There is an \$18 for a redeposited check.**
- Tammy's Tumbling and Gymnastics reserves the right to change, cancel, or alter any programs, events, policies/procedures offered.
- Tammy's Tumbling and Gymnastics is not responsible for any misprints.
- Cancellations: Tammy's Tumbling and Gymnastics follows the South Jefferson school vacation schedule. When South Jeff. Is closed for Thanksgiving, Christmas, winter and Spring break, and Memorial Day, Tammy's Tumbling is also closed.
- Snow Closings: Tammy's Tumbling and Gymnastics rarely closes because of weather conditions. If the weather conditions are poor in the afternoon and classes are canceled, it will be posted on the website and on the answering machine at 315-583-5475.
- **There are no credits or refunds for missed days. Your child can make up a missed class in another class if available. Make-ups for missed days are based on space.**