



# LEAPS-N-BOUNDERS REGISTRATION FORM

452 Clearview Ave. Bldg. C  
Trevose, PA 19053  
Phone: (215) 396-8802  
www.leapsnbounders.com

## Student Information

Student Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ Age: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Guardian Information

1. Legal Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
2. Legal Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Text: Y N  
Secondary Phone: \_\_\_\_\_ Text: Y N  
City: \_\_\_\_\_ State: \_\_\_\_\_ 1. E-mail Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ 2. E-mail Address: \_\_\_\_\_

## Emergency Information

(Someone other than who is listed above)

Emergency Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone (if available): \_\_\_\_\_

Please list any medical conditions or limitations or food allergies we should know about (i.e. asthma, allergies, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ENROLLMENTS AND CANCELLATIONS:

- Enrollments are automatically renewed every month.
- Students may have their account put on hold at any time by notifying the Leaps-N-Bounders via email ([information@leapsnbounders.com](mailto:information@leapsnbounders.com)). Please include student's name, class day and time, desired last class date, and any feedback you wish to provide.

## CLASS TUITION:

- Tuition is billed monthly.
- To enroll, a family must do so online, on the phone, or in person and have a working credit card placed on file.
- Tuition will be automatically charged monthly on the 25<sup>th</sup> of the month for the following month.
- A 10% discount is applied to any 2<sup>nd</sup> class or 2<sup>nd</sup> child (or more) within an immediate family on classes of equal or lesser value.
- Tuition will be prorated based on your start date.
- All major credit cards accepted.
- Alternate forms of payment must be submitted prior to the 25<sup>th</sup> of the month to avoid a charge to your saved credit card. Yes, we do accept checks made out to: Leaps-N-Bounders.
- Students must have their account put on hold via email ([information@leapsnbounders.com](mailto:information@leapsnbounders.com)) on or before the 17<sup>th</sup> of the prior month to not be charged on the 25<sup>th</sup>.

*\*There will be an annual 2-3% Price Adjustment starting in September (2020).*

## 100% MONEY BACK GUARANTEE:

For brand new students, Leaps-N-Bounders will happily refund 100% of your first month's tuition should you not be completely delighted with your experience after the first two classes.



## LEAPS-N-BOUNDERS REGISTRATION FORM

### MAKE-UP POLICY:

- Leaps-N-Bounders allow 1 make-up class per student per calendar month for an *excused absence*. An *excused absence* is ANY absence in which the front desk is notified prior to the class being missed.
- Upon notification, a make-up token will be issued to the family's account to be used within 30 days. The make-up token will appear once the class has been missed.
- Make-up must be done during an actively enrolled month.
- Unused make-up tokens will not be refunded or issued as credit.
- Make-ups are not guaranteed and must be scheduled for age and ability appropriate classes.
- We do not credit, refund, or issue any make-up tokens for past missed classes.

### ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION

- I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and ball sports.
- I, being fully aware of these dangers, hereby give consent for my child(ren) to participate in any and all Leaps-N-Bounders, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my, or my child(ren)'s, participation, I hereby, for myself, and my child(ren), and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Leaps-N-Bounders, LLC, it's officers, directors, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.
- In the event of an accident or emergency, I hereby authorize my child to be transported to a hospital for medical treatment and I hold Leaps-N-Bounders, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself, or my child(ren), as a result of any injury sustained while participating at, or for, Leaps-N-Bounders, LLC.

### BILLING AUTHORIZATION/STORED CREDIT CARD INFORMATION POLICY:

I represent and warrant that if I am purchasing something or paying for a service from Leaps-N-Bounders, LLC. that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) Leaps-N-Bounders, LLC. to charge my ACH draft or credit card account. I understand that a 10-day emailed notice is required to terminate billing and I am responsible for payment whether my child attends classes or not until I notify Leaps-N-Bounders, LLC. in writing or via email to drop my child from class(es).

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

### PHOTO RELEASE

If your child were to appear in a group or individual photo taken on our premises, we are free to use it for advertising purposes (brochure, social media, website, etc.).

**I have read and understand the above ENROLLMENTS AND CANCELLATIONS, CLASS TUITION, 100% MONEY BACK GUARANTEE, MAKE-UP POLICY, ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, BILLING AUTHORIZATION, PHOTO RELEASE, and I VOLUNTARILY affix my name in agreement.**

**LEGAL PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_**

If relevant, Care-Giver must also sign if accompanying a child in a Parent/Tot class.

CARE-GIVER'S signature: \_\_\_\_\_ Date: \_\_\_\_\_