



LEAPS-N-BOUNDERS REGISTRATION FORM

452 Clearview Ave. Bldg. C 2235 York Road Suite C
Trevose, PA 19053 Jamison, PA 18929
Phone: (215) 396-8802 Phone: (215) 343-8872
www.leapsnbounders.com

Student Information

Student Name: _____ Male/Female: _____
Address: _____ Birthdate: ____/____/____
City: _____ Age: _____
State: _____ Zip: _____ School: _____

Parent Information

Parent(s) Name: _____ Primary Phone: _____ Text: Y N
Address: _____ Secondary Phone: _____ Text: Y N
City: _____ Fax: _____
State: _____ Zip: _____ E-mail Address: _____

Emergency Information

(Someone other than who is listed above)

Emergency Contact: _____ Phone: _____
Relationship: _____ Cell Phone: _____

Are there any medical conditions or limitations we should know about (i.e. asthma, allergies, etc.)?

Class Information

Class Title: _____ Day: _____ Time: _____
2nd Class: _____ Day: _____ Time: _____



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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 am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Leaps-N-Bounders, LLC and Leaps-N-Bounders II, 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 and Leaps-N-Bounders II, LLC, it's officers, directors, shareholders, 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 Leaps-N-Bounders II, 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 and Leaps-N-Bounders II, LLC.

PAYMENTS, CREDITS, & REFUND INFORMATION

First time customers are welcome to a FREE Trial class upon request. The \$50 deposit used to hold a child's spot in class is both non-refundable and non-transferable. The tuition balance is paid in full on the first day of classes. A 10% discount is applied to any 2nd class or 2nd child (or more) within an immediate family on classes of equal or lesser value. If a student begins mid-session, the tuition will be pro-rated. After the third class, tuition is non-refundable but may be transferred, minus \$50, to another Leaps-N-Bounders program with advance notice and/or doctor's note in the case of an injury/illness. Credit will NOT be transferred to private lessons or merchandise. Credit will not be given on classes that have already taken place. Full payment at time of registration is recommended to allow an easier transition on the first day of class. We accept Visa, Mastercard, and Discover. Checks should be made payable to "Leaps-N-Bounders."

MAKE-UP POLICY

As a courtesy to our customers, we allow 2 make-up classes per session per registered class. Make-ups must be scheduled prior to the make-up and is subject to availability. You are not guaranteed a spot for a make-up. Make-ups will not be carried over to a new session. No make-ups will be scheduled during the last week of the Fall and Winter sessions due to end-of-session ceremonies. You must call ahead of your missed class to receive your make-up class. Failure to attend a scheduled make-up will result in the forfeiture of the make-up.

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, etc.).

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, PAYMENT INFORMATION, MAKE-UP POLICY, and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL 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: _____