



www.Tumbleweedsgym.com
 672 Main St., Suite 2A
 Harleysville, PA 19438
 215-256-6623

2009 Summer Class/Camp Registration

Today's Date _____

Child's Name _____ Birth Date _____ Age _____ Sex _____
 1st choice - Class/Day _____ Time _____ 2nd choice - Class/Day _____ Time _____

2nd Child _____ Birth Date _____ Age _____ Sex _____
 1st choice - Class/Day _____ Time _____ 2nd choice - Class/Day _____ Time _____

3rd Child _____ Birth Date _____ Age _____ Sex _____
 1st choice - Class/Day _____ Time _____ 2nd choice - Class/Day _____ Time _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____ E-mail _____

Home # _____ Work # _____ Mom Cell _____ Dad Cell _____

How did you hear about us? _____

What Month and Year did you originally join? _____

Any medical conditions or medications we should be aware of? (mental or physical)

In case of emergency call: Name _____ Phone _____ Cell _____

Class Amt: \$ _____ + \$30 New Member Registration Fee = \$ _____ Chk # _____

2009 Camp Registration

Highlite or Circle the dates you are attending
T = Tumbleweeds S = Scribbles B = Both (All Day)

Tuesday

6/23	T	---	---
6/30	T	---	---
7/7	T	S	B
7/14	T	S	B
7/21	T	S	B
7/28	T	S	B
8/4	T	S	B
8/11	T	S	B
8/18	T	S	B
8/25	T	S	B

Wednesday

6/24	T	---	---
7/1	T	---	---
7/8	T	S	B
7/15	T	S	B
7/22	T	S	B
7/29	T	S	B
8/5	T	S	B
8/12	T	S	B
8/19	T	S	B
8/26	T	S	B

Thursday

6/25	T	---	---
7/2	T	---	---
7/9	T	S	B
7/16	T	S	B
7/23	T	S	B
7/30	T	S	B
8/6	T	S	B
8/13	T	S	B
8/20	T	S	B
8/27	T	S	B

25% Non-refundable Deposit + \$30 New Member Registration Fee \$ _____ Chk. # _____

*** Please Turn Over and Read/Sign This Agreement ***



Medical Authorization

I _____, fully understand that the staff of Tumbleweeds are not physicians or medical practitioners of any kind. With that in mind, I hereby release Tumbleweeds to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Tumbleweeds. Initials _____

I _____, agree to let Tumbleweeds use photographs of my son/daughter for publication on paper, brochure or website. Initials _____

I _____, understand in order to keep my preferred class day and time the next sessions tuition will be due on week four of the present session. If payment is not made by the 2nd week of the next session, you will be charged a \$5 late fee and waiting list people will be called and openings for new students will become available in place of your spot. Initials _____

Parent/Guardian Signature: x _____ Date x _____

RELEASE OF LIABILITY, WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY OR DAMAGES

As a parent or legal guardian of (your child's name(s)) _____, I hereby consent to his/her participation in or all the programs offered by Tumbleweeds. I understand that participation in gymnastics, trampoline, moon bounce, zip line, dance, and any and all other activities at Tumbleweeds may result in unavoidable injuries, from the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, moon bounce, zip line, dance, and all other activities offered by Tumbleweeds and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Tumbleweeds, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Beth A. Evans-Lutz, Tumbleweeds or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Beth A. Evans-Lutz, Tumbleweeds or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Tumbleweeds. It is also my intent to release Beth A. Evans-Lutz, Tumbleweeds and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct which may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

Parent's Signature x _____ Date x _____

By signing this I understand that even though I am not taking gymnastics lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Tumbleweeds. This also includes outside the building in the parking lot and all surrounding areas.

Parent's Signature x _____ Date x _____

Did you complete all the blank areas on this form?