

# TUMBLE - N - PLAY REGISTRATION FORM FALL 2011

How did you hear about the Tumble-N-Play Program? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (so we can keep you updated!)

LRRC Member # \_\_\_\_\_ LRAC Member # \_\_\_\_\_ Non-member \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth day \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom's Day Phone \_\_\_\_\_ Father's Day Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

(C)= Ms. Cammie, (M)= Ms. Mandy

### CLASS SCHEDULE

|         | MONDAY       | TUESDAY           | WEDNESDAY        | THURSDAY          | FRIDAY          |
|---------|--------------|-------------------|------------------|-------------------|-----------------|
| 9AM:    |              | DIAPER FUN (C)    | TODDLER FUN (C)  |                   | TODDLER FUN (C) |
| 10AM:   | MOVEMENT (C) | MOVEMENT (C)      | TUMBLE FUN (C)   | TUMBLE FUN (C)    | TUMBLE FUN (C)  |
| 11AM:   |              |                   |                  | MOVEMENT (C)      |                 |
| 1 PM:   |              |                   |                  | POWER HOUR (M)    |                 |
| 3:30PM: |              | MOVEMENT (C)      |                  |                   |                 |
| 3:45PM: |              |                   | CREATIVE FUN (C) |                   |                 |
| 4:30PM: |              | MOVEMENT (M)      |                  | GYMNASTIC FUN (M) |                 |
| 5:30PM: |              | GYMNASTIC FUN (M) |                  |                   |                 |

### WAIVER RELEASE STATEMENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. No child will be admitted into this LRRC program if this form is not signed by a parent or legal guardian. By signing this form, you are releasing all claims for injury you or the participant might sustain through this program. I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend the Little Rock Racquet Club. This release includes as well LRRC officers, agents, servants, and employees from any such claims resulting from injury, damages, or loss sustained on account of participation in this program. I understand that I am responsible for all personal medical insurance and the participants in this program. I understand that I am responsible for all personal insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached. The hospital emergency room of choice is: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER(s) \_\_\_\_\_

**BILLING INFORMATION** \_\_\_\_\_ **Please charge to my LRRC Account. (cannot charge to LRAC account)**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

AUTHORIZATION: I hereby authorize the Little Rock Racquet Club to draft my checking account or charge my VISA/Mastercard, Discover, or AMEX account for payment of my monthly program dues & other incidental charges. If at some future time, I want to cancel participation in this program, I will be responsible for all dues and other charges incurred up to the termination date of my/our program enrollment.

VISA, MASTERCARD, DISCOVER, AMEX

CARD NUMBER

EXPIRATION DATE

CHECKING ACCOUNT NUMBER

BANK NAME

## Tumble-N-Play Program CANCELLATION POLICY:

To withdraw from the LRRC Tumble-N-Play program, each participant is required to:

1. **submit a 30 day written notice to the Member Services office & the Program Director;**
2. **have an account balance of \$0.00.**

I agree to abide by the rules and regulations that are adopted by the Little Rock Racquet Club. I hereby acknowledge that all information provided by me is accurate & that I have read and understand the preceding prior to signing and agree to all terms outlined above.

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Mother/Father Signature

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Date

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Child's Name (please print)