

YMCA Child Development Center Tumbling Class Sign-Up Form

Child's Name _____ Date _____
Address _____
_____ Class _____
Phone Number _____ D.O.B. _____

Mother's Name _____ Father's Name _____
Daytime Phone _____ Daytime Phone _____

Emergency Contact _____
Phone Number _____

Tumbling classes:

\$35/per session (two weeks)

Classes are on Tuesdays and Thursdays

2 & 3 year-olds.....3:30-4:00pm

4 & 5 year-olds.....4:00-4:30pm

Must be paid in advance and turned in with this form. Refunds will only be honored if a written doctor's excuse is submitted within 24 hours of class meeting.

Agreement

1. I hereby confirm that the participant listed above is in normal health and capable of safe participation in this gymnastics program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for the participant listed above in the event that a parent and the emergency contact cannot be reached.
2. I support the YMCA philosophy, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, volunteer leadership and character development which are caring, honesty, respect, and responsibility.
3. I understand that the program fee must be paid and turned in with the registration form before the deadline to be able to participate. The fee is non-refundable if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the YMCA.
4. I give my consent for full participation in the gymnastics program for which the participant above is registered. I accept the risk incidental to this activity and do hereby release the Tallahassee YMCA, its employees, volunteers, directors, members, and guest of any liability or negligence resulting from an accident or injury incurred while participating in this activity.

Participant's Signature (Under 18 must have Guardian's Signature) _____
Date