



Tumbling 4 Cheerleading Association, Inc.

19202 South Blackhawk Parkway

Mokena, IL 60448

Gym: 1-815-464-8071

Waiver and Registration Form for Tumbling

Today's Date: _____

Student's Last Name, First Name: _____

Student's Birth Date: _____ Current Age: _____

School: _____ Grade: _____

Team you cheer for? (School/program name, varsity, junior varsity, etc.) _____

Class (Day/Time): _____ Second Class (Day/Time): _____

Student's Street Address: _____

City, State, Zip: _____

Mother's Contact Information	Father's Contact Information
First and Last Name:	First and Last Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
*Email Address:	*Email Address:
*Student's Email Address:	
Other # you'd like to provide:	Other # you'd like to provide:
<i>In the event of an emergency, the person to be notified (if the parents cannot be reached at the numbers above):</i> Emergency Contact Name: Relationship to Child:	
Emergency Contact Phone #(s):	

Person responsible for payments of the student's fees: _____

Does this person have the same contact info above as the student? ☐ Yes ☐ No

If "No," please provide: Home #: _____ Cell #: _____

Street Address, City, State, Zip: _____

Does your child have any allergies, medical conditions or take prescribed medication for which we should be aware (i.e., asthma, allergies, breathing problems, heart condition, diabetes, etc.): _____

Has your child had any recent injuries or surgeries? If yes, please explain: _____

How did you hear about the Tumbling 4 Cheerleading Association Inc.? ☐ Referral ☐ Drive By ☐ Flyer ☐ TCA Website

I, the undersigned, being the parent/legal guardian of the child listed above, fully understand that the staff and coaches of the Tumbling 4 Cheerleading Association, Inc. (herein after "TCA") are not physicians or medical practitioners of any kind. With that in mind, I hereby release TCA and their director, coaches or employees to seek and/or provide first aid to my child in the event of any injury or illness, and if deemed necessary, call for an ambulance, for which I agree to pay. As the parent/legal guardian of the student listed above, I agree to provide health insurance for the student listed above and guarantee payment of any medical expenses incurred as a result of training, performing, traveling, or participation in activities with TCA. I understand it is my responsibility to seek physician approval before my child engages in any physical/athletic activity with TCA. I also understand that I am responsible for my child's behavior and safety while on the TCA premises, including parking lots, bathrooms, waiting areas, etc.

Signature of Parent/Guardian: _____

Date: _____

Signature of Person Responsible for Payments: _____

Date: _____

Medical Insurance Company: _____

Group and/or Policy #: _____



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PAYMENT POLICIES AND AGREEMENT

Please read this page in its entirety. Your signature below acknowledges that you have read, understand and agree to these policies.

Registration Fee: A \$25 non-refundable registration fee is payable once a year.

Tumbling Tuition: Tuition for tumbling classes is **due before the student enters the gym the first class of every monthly session; otherwise the student will not be allowed in the gym until payment is made** (see tumbling handout for exact session payment dates). Tumbling session fees are for the full monthly fee regardless of how many classes your child plans to attend or actually attends during each session. Classes cannot be "pro-rated" for missed tumbling classes (including absences due to other activities, vacation, illness, etc.).

Make-Up Classes: TCA is happy to schedule a make-up class if your tumbler misses a class during the monthly session. **Make-up classes are only available if the student is currently enrolled in a tumbling class.** If a tumbler is no longer a currently-enrolled TCA student, any remaining make-up classes are forfeited (*i.e.*, you may not leave TCA, come back at a later session and use previous make-up classes at that time). To schedule a make-up class please call TCA or stop at the front desk. This process will help us ensure that we have an appropriate student-coach ratio for each make-up class.

IMPORTANT! Failure to pay tuition the week it is due will result in the child not being allowed to participate in class even if that child is in attendance (e.g., the child will sit out of class until payment is made). No refunds are given for withdrawal from classes. A \$50.00 fee will be assessed for NSF checks.

Absences: Credits are not given for missed classes. TCA will schedule a make-up class if your tumbler misses a class during the monthly session (see "Make-Up Classes" above). Make-up classes are only available to currently enrolled students.

Automatic Re-Enrollment: By signing this form, I acknowledge and agree for my child to be automatically re-enrolled in TCA classes on a continuous basis until I inform a TCA manager otherwise and I understand and agree that I am responsible for payment of all classes, regardless of whether my student attends them, until I give a TCA manager notification to cease continued enrollment. Changes of class days and times can only be requested done prior to the start of the next session. Any mid-session changes will be assessed a \$25 change fee.

Private Tumbling Lessons: *Private tumbling lessons are available only to current TCA students – those TCA students enrolled in continuous TCA tumbling classes. TCA instructors cannot hold private tumbling instruction for a person not in a current TCA class. Payments for private lessons are due to the instructor prior to the start of instruction.*

Note: TCA reserves the right to photograph participants for the purpose of marketing.

RELEASE OF LIABILITY, WAIVER OF LIABILITY, ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH OR DAMAGES

As a parent/legal guardian of (child's name) _____, I hereby consent to his/her participation in any or all activities with the Tumbling 4 Cheerleading Association, Inc. (hereinafter "TCA"), as well as his/her participation in the following, but not limited to, classes, practices, cheerleading, tumbling, competitions and travel. I understand that participation in tumbling, cheerleading, trampolining and any and all other activities with TCA may result in injuries such as paralysis or even death from various causes, known and unknown, which include but are not limited to, the heights from the equipment and the body during certain movements, rotation of the body and movement of the body.

I am fully aware of the inherent risk involved in tumbling, cheerleading, trampolining and any and all other activities with TCA, and the possibility of injury or death from participating in these activities.

In consideration for allowing my child to participate in activities with TCA, I, my heirs and assigns, next of kin, and all other acting on my behalf agree to waive any and all rights, claims, damages, actions, cause of action or suits of any kind or nature whatsoever which I have or my child has against TCA or any agent, employee, representative or acting on their behalf and to indemnify, defend and hold harmless Sharon Rachanski, Jon Rachanski and TCA any agent, employee, representative or other person acting on their behalf, from liability or ordinary negligent conduct which may occur.

Should any part or parts of this agreement be null and void, the balance of the agreement shall remain valid and maintain its full force and effect.

This acknowledgement of risk and waiver of liability has been read by me in its entirety, and I understand and agree to it in its entirety as well as have signed it voluntarily. I am eighteen years of age or older.

Signature of Parent/Guardian: _____

Date: _____