



(225) 665-7200

REGISTRATION FORM

Fax (225) 667-6620

*denotes required fields

How did you hear about us* _____ Referral Name _____

Family Information: Family Name: _____

Contact #1 First Name*: _____ Last Name*: _____ Relationship*: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email*: _____ (Emails are kept confidential)

Employer: _____ Employer Phone: _____

Contact #2 First Name*: _____ Last Name*: _____ Relationship*: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email*: _____ (Emails are kept confidential)

Employer: _____ Employer Phone: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Home Phone*: _____ Emerg. Contact & Phone (Not Contact #1 or #2) _____

Health Insurance Carrier: _____ Check box to grant permission to use your child(ren)'s photo or video in Leaps & Bounds publicity or advertising without compensation.

Student #1 Information:

First Name*: _____ Last Name*: _____ Gender: _____

Birthdate*: _____ Age: _____ Grade Level: _____ Email: _____

School: _____ Disabilities: _____

Allergies: _____ Medications: _____ Primary Doctor: _____

1st Choice Program/Class _____ Day _____ Time _____

2nd Choice Program/Class _____ Day _____ Time _____

Student #2 Information:

First Name*: _____ Last Name*: _____ Gender: _____

Birthdate*: _____ Age: _____ Grade Level: _____ Email: _____

School: _____ Disabilities: _____

Allergies: _____ Medications: _____ Primary Doctor: _____

1st Choice Program/Class _____ Day _____ Time _____

2nd Choice Program/Class _____ Day _____ Time _____

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, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps and child care involves transportation to and from field trips or school 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 & Bounds Sports Center, 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 & Bounds Sports Center, LLC, its 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 any event of an accident or emergency, I hereby authorize my child to be transported to a hospital for medical treatment and I hold Leaps & Bounds Sports Center, 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 & Bounds Sports Center, LLC.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I voluntarily affix my name to this agreement.

PARENT/LEGAL GUARDIAN'S signature _____ Date _____

Payment Information

*denotes required fields



Annual Family Administration Fee \$38 (unless paid within the last 12 months) \$ _____

1st Month Tuition \$ _____

Total \$ _____

Child(ren)'s Name _____ Amt to be charged monthly \$ _____

Payment Info (Fill in one option, credit card or electronics funds transfer)

Credit Card Authorization	Electronic Funds Transfer Authorization
Credit Card type* _____	Complete or attach blank VOIDED check
Exp. Date* _____	Financial Institution* _____
Credit Card Number* _____	Branch* _____
Cardholder's Name* _____	City* _____ State* _____
Billing Address of Cardholder* (street, city, state, zip) _____	Zip Code* _____
	Transit/ABA* No. _____
	Account No.* _____
<p>**This authorization is to remain in full force and effect until Leaps & Bounds Sports Center has received written notification of its termination in such time and in such manner as to afford Leaps & Bounds a reasonable opportunity to act on it or until the term of authorization expires.</p>	
<p>Authorizing Signature* _____ Date* _____</p>	
<p>Print Name* _____</p>	

- I understand that Gymnastics, Cheerleading, Dance, Tumbling and Acrobatics are year 'round activities. Once enrolled, my child(ren) will be enrolled in class and billed until I notify Leaps & Bounds otherwise.
- I understand that After School Blast and Einstein Academy are school season programs. Once enrolled, my child (ren) will be enrolled and billed until the end of the school year unless I notify Leaps & Bounds otherwise.
- Payment is made by credit or debit card. Leaps & Bounds uses a web based program for billing. Credit card numbers are not stored at Leaps & Bounds if you register electronically. We accept Visa, Master Card, Discover or American Express.
- Tuition will be drafted on the 1st of each month. If my card expires or any account information is changed it is my responsibility to update the information by the 1st of the month. You can update information on-line or with our front office staff.
- Any declined card will be treated as a returned check. A \$30 NSF charge will be added to your account if any payment is declined. There is an additional \$10 late fee for accounts that fall seven days past due.
- 100% Tuition Back Guarantee: If after your child's first 30 days, you are not satisfied for any reason, we will cheerfully refund 100% of your tuition. For Brand New Families Only. Annual Family Administrative Fee is non-refundable.

I've read the above and agree. Signature _____ Date _____