

Phone (225) 665-7200

REGISTRATION FORM

Fax (225) 667-6620

Student Information

Name Sex Age DOB / / Grade

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Medical conditions to which we should be alerted

Address City State Zip Email

Home # () Mom Cell # () Dad Cell # ()

Mom's Name Place of Business Bus. Phone ()

Dad's Name Place of Business Bus. Phone ()

How did you learn about Leaps & Bounds Sports Center? (If word of mouth, by whom?)

Has your family previously been enrolled at Leaps & Bounds Sports Center? Yes No If yes, approximate date/year

Photos may occasionally be taken of class participants. Is L & B free to use such photos in marketing publications without compensation to you? Yes No

Class Information

1st child's name

*1st choice program Day Time

*2nd choice program Day Time

2nd child name

*1st choice program Day Time

*2nd choice program Day Time

*See you the first day of class! WE CALL ONLY IF THERE IS A DIFFICULTY IN SUPPLYING YOUR FIRST CLASS CHOICE!

Payment Information

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

Tuition (Full payment required. Payment fully refundable if your 1st class choice is not available) \$

TOTAL enclosed (payment by check & US mail preferred) \$

Payment Type

- Cash Name on credit card:
Check (Ck#) Card Number: Exp. Date:
Charge (card type) Signature:



Where Kids Love to Grow

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 involves transportation to and from field trips 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 in agreement.

PARENT/LEGAL GUARDIAN'S signature Date