



TUMBLEBUS FITNESS REGISTRATION - 2017/2018

WWW.TUMBLEBUSFITNESS.COM 708-214-0980 FUN@TUMBLEBUSFITNESS.COM

What is Tumblebus at your child's school?

Tumblebus is a gym on wheels! It is an on-going weekly fitness program that comes to your child's school or daycare and holds an exercise class focusing on four things: Strength, Cardiovascular Exercise, Flexibility and FUN!!!

ANNUAL REGISTRATION FEE: \$20 per student / \$30 Per Family

COST PER SESSION: \$136

*Fall 8/28-11/17/2017

(no Tumblebus 11/20-11/24/2017)

* Winter 11/27-2/26/2018

(no Tumblebus 12/25-1/5/2018)

*Spring 3/5-6/1/2018

(no Tumblebus 3/26-4/2/2018)

ALL SCHEDULED CLASSES THAT ARE MISSED DUE TO A HOLIDAY WILL BE MADE UP OR CREDIT WILL BE GIVEN

PLEASE NOTE THIS IS AN ONGOING PROGRAM - You must notify us if you would like for your child to be removed from the program. We will continue to take them on Tumblebus otherwise and you will be responsible for payments.

All children ages 2 ½ and older are welcome to join Tumblebus anytime throughout the school year! Invoices are sent via e-mail.

1st Child's Name _____ Age: _____ Birthdate: _____

2nd Child's Name _____ Age: _____ Birthdate: _____

Child Care Facility and Location: _____ Child's Room (important) _____

Parent's Name: _____ Home: _____ Cell: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

(please print VERY clearly – All communication and billing is done through e-mail)

Please Check : Annual Registration Fee \$20 Per Student Annual Registration Fee \$30 Per Family

 Session Payment - \$136

Plan Amount: \$136 + Registration Fee _____ Less Discount _____ = Total Due: _____

*There is a 10% Discount From Plan Fee for Additional Children (1st child full price, 2nd child 10% off)

Billing Options: CHECK ("Tumblebus Fitness" placed in Tumblebus mailbox at your child's school) CREDIT CARD

Name on Card: _____ Master Visa Discover

CC Number: _____ Exp Date: _____ CVC: _____

Billing Address (if Different than above) _____

Release and Waiver, Assumption of Risk, and Indemnity Agreement: I, the undersigned, recognize that a risk is involved in participation in gymnastics and related activities and that the activities require adherence to rules and discipline. I, the undersigned parent or guardian, release and hold harmless TUMBLEBUS FITNESS, their parent company, their officers, managers, instructors, and the child care center from all responsibilities and claims for injuries received while participating in the TUMBLEBUS FITNESS program and its related activities. I represent that I am the parent or legal guardian of the participant named above. I agree that the participant named above and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in the TUMBLEBUS FITNESS Program. In addition, I agree that I have read and will abide by the program policies as stated on this form.

Parent Signature _____ Printed Name _____

TUMBLEBUS PERMISSION FORM - (FOR SCHOOL FILES) - I give my permission for my child to participate in Tumblebus activities.

- I understand each session will last approximately 30 minutes.
- I understand the Tumblebus remains parked in the school parking lot during the session.
- I understand my child will be inside the Tumblebus with Tumblebus instructors and not school staff.

Child's Name _____ Parent's Signature _____ School Name _____