**K & S Tumblefit**

**Enrollment Form**

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical problems we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**K & S Tumblefit**

*… offering a variety of classes specializing in cheer, tumbling, and fitness.*

**Registration and Liability Waivers:**

Registration and liability forms are available at K & S Tumblefit and must be filled out prior to participating in any classes.

**Monthly Sessions:**

Class sessions will run on a monthly basis. Students are encouraged to enroll in a class at the beginning of each month. However, students may enroll at any time during the month and will receive a pro-rated fee based on the number of classes remaining in the month.

**Personal Conduct:**

All participants are expected to handle themselves appropriately and to respect the coaching staff as well as fellow participants, including, but not limited to, keeping hands to themselves and following verbal instructions. Those who cannot abide may be asked to leave the class.

**Monthly Newsletter**

At the end of each month, we will attempt to send a newsletter home with your child and/or send the newsletter as an e-mail attachment. Please read this newsletter for class updates, camps, special events, and other important information.

**Class Tuition**

Tuition is due on your child’s first scheduled class of each month. We accept cash and checks. Checks should be made out to K & S Tumblefit. There will be a $10 late fee if paid after the 15th of the month. No refunds will be given if you withdraw from a class during the middle of the month. Insufficient checks that are returned to K & S Tumblefit will be subject to a $30 fee.

* One class per week:
  + $35 per month (Beginner, Intermediate, Advanced Classes)
  + $36 per 6 week session (Parent/Tot Class)
* Sibling Discount: $25 per month for each additional sibling
* Additional Class Discount: $25 per month
* Join our program any time during a session and fees will be pro-rated.

**Make Up Classes:**

Students who miss a class are encouraged to make up the class. However, missed classes must be made up within two weeks. Otherwise, the class is forfeited. It is the student’s/parent’s responsibility to contact a K & S Tumblefit coach to reschedule. Failure to do so may result in forfeiture of the make-up class. In addition, students/parents are highly encouraged to give prior notice of absence.

**K & S Tumblefit Closures**

K & S Tumblefit will be closed for various holidays. Students/parents will receive such notices well in advance through the monthly newsletter. Should it be necessary to close due to inclement weather or other unforeseeable reasons, notification will be posted through our Facebook page. We will allow make-up classes for days that we close due to weather, but no reimbursements will be given for closings due to the weather.

**Proper Attire:**

Students should wear comfortable clothes and avoid buttons, zippers, and hoods. Students should wear athletic shoes while participating in classes to reduce the risk of foot and ankle injuries. Jewelry and gum are strictly prohibited. Students should also keep their hair pulled away from their face.

**Spectators:**

Parents and other spectators are welcome to stay during class-time as long as your presence does not interfere with your child’s progression. Please allow us to be the coach of your child so that we can get the best results from each student. Please stay out of the main gym unless class is taking place in the gym. In addition, spectators should remain off the gymnastics floor during class. Children not in class must be supervised by parents at all times. K & S Tumblefit does not assume responsibility for children unattended.

**Valuables:**

Please keep your personal items in a gym bag and leave valuables at home. K & S Tumblefit is not responsible for lost or stolen items.

**Disagreements:**

Open communication is very important. Parents unhappy with something happening in K & S Tumblefit should contact either Kelli or Susie to set up an appointment to discuss the issue. Heated discussions following a session often don’t solve any problems. Please allow cooler minds to prevail and to sit down and discuss the issues at times other than following a class. Your cooperation with this matter is greatly appreciated.

**Parent and Student signatures:**

We have read the expectations for the programs being offered through K & S Tumblefit. By signing this form, we agree to these expectations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**Tumbling Class Levels**

**Beginner**

|  |  |
| --- | --- |
| * Handstand * Forward/Backward rolls * Straddle rolls * Left and Right cartwheel * One handed cartwheel * Switch foot cartwheel | * Round Off * Round off straddle * Back bend kick over * Front Limber * Jumps (Prep, T, Tuck, Eagle, Toe Touch) * Motions and drills |

\*\*Must master cartwheel , round off, front limber, and back bend kick over to move onto intermediate class\*\*

**Intermediate**

|  |  |
| --- | --- |
| * Handstand forward roll * Back walkover * Front walkover * Running front walkover * Standing back handspring | * Standing back handspring step out * Round off back handspring * Jumps (Side and front hurdlers, pike, around the world) * Motions and drills |

\*\*Must master standing back handspring and round off back handspring to move onto advanced class\*\*

**Advanced**

|  |  |
| --- | --- |
| * Standing back handspring series * Round off back handspring series * Cartwheel back handspring * Toe back handspring * Double/triple toe back handspring * Front walkover into back handspring * Back handspring toe | * Standing tuck * Round off tuck * Round off back handspring tuck * Standing back handspring tuck * Toe tuck * Aerial cartwheel * Jumps (Double and triple jumps) * Motions and drills |

**McGlaughlin Athletic Center (MAC)Liability Waiver**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Birthdate: (00/00/0000):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box:\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT GRADE (Circle One):** 3rd 4th 5th 6th 7th 8th 9th 10th 11th

In consideration of my son/daughter identified above being permitted to enroll and participate in all or any of the activities at the McGlaughlin Athletic Center (MAC), I as the legal custodial parent/guardian of said child, hereby agree to release, discharge, and waive any & all actual, potential, present, or future claims or causes of action of any kind and description for property damage or personal injury of any kind which my child identified or my property may incur as a result of or in connection with or any way connected with my child’s participation as aforesaid, including, without limitation, any actual, present, potential, or future claim or cause of action against the MAC, its officers and directors, any members, coaches, fellow players, organizers, sponsors, supervisors, Vancrest its officers and directors, K & S Tumblefit, its instructors and employees, the Village of Antwerp, its officers and representatives, and any and all other persons or entities, in any way connected with or involved with the aforementioned activities or entities, or any ownership or use of land, facilities, and/or buildings utilized in the activities. I also understand that my son/daughter may participate in activities of the MAC which may involve transportation to and from, as well as use of, land, facilities, buildings, and hereby agree to release, discharge, and waive any and all actual, potential, present, or future claims or causes of action of any kind and description for property damage or personal injury of any kind which my child identified above or my property may incur as a result of or in connection with or in any way connected with my child’s participation as aforesaid, including, without limitation, any actual, present, potential, or future claim or cause of action.

I further agree, on behalf of my child and myself, to assume any and all risks and hazard incidental or in any way connected with the conduct of the activities of the MAC, including transportation to/from any or all activities. I further acknowledge and understand that this agreement is intended to be as broad and inclusive as the laws of the State of Ohio permit, and that without my execution of this agreement; my child as identified would not be permitted to participate in the activities aforementioned. I also declare that I am the legal custodian, parent, or guardian of the child identified above, and have the legal authority to enroll him/her in the activities of the MAC, and to execute this agreement on his/her behalf and on my behalf.

In the event of injury or illness to the above named child and a parent/guardian is not present, I further hereby give any member of the MAC league directors, organizer, or any coaches or officials of my child’s membership or team a limited Power of Attorney to consent to necessary emergency treatment for such child.

Signature of Custodial Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Custodial Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_