

Carolina Power Tumbling 2024-2025 Registration Forms

Class/Private DAY _____ TIME _____

Date Enrolled/Anniversary _____

*** ABOVE THIS LINE FOR OFFICE USE ONLY ***

STUDENT NAME AND INFO

First _____ Last _____

Address _____ City _____ State _____ Zip _____

Student Cell _____ Student Email _____

DOB _____ Age _____ Sex _____ School _____ Grade _____

Student T-Shirt Size (CIRCLE ONE): YXS YS YM YL AS AM AL XL

INSURANCE INFORMATION

Medical Insurance Carrier _____ Carrier's Phone _____

Policy Number _____ Group Number _____

Any Medical conditions/Allergies _____

CONTACT INFORMATION

Parent/Guardian Name: Please include **first** and **last** name. **Check the box for the Primary contact.**

Mom _____ Cell _____ Work _____

Dad _____ Cell _____ Work _____

Guardian/Foster _____ Cell _____ Work _____

Emergency Contact (OTHER THAN PARENT):

Name _____ Relationship _____ Phone _____ / _____

EMAIL ADDRESS

Mom _____ Dad _____

Additional Emails _____

TUMBLING SKILLS

Please check off which skills your child has mastered without a spot on the floor.			
Standing Tumbling		Running Tumbling	
<input type="checkbox"/>	Front Walkover	<input type="checkbox"/>	Cartwheel
<input type="checkbox"/>	Back Walkover	<input type="checkbox"/>	Round Off
<input type="checkbox"/>	Back Handspring	<input type="checkbox"/>	Round Off Back Handspring
<input type="checkbox"/>	Back Handspring Series	<input type="checkbox"/>	RO BHS Series
<input type="checkbox"/>	Back Tuck	<input type="checkbox"/>	RO Tuck
<input type="checkbox"/>	BHS to a Tuck	<input type="checkbox"/>	RO BHS Tuck
<input type="checkbox"/>	BHS Series to a Tuck	<input type="checkbox"/>	Layout / Full
Please list any additional skills:			

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AGREEMENT TO COMPLY

From this point forward “CPT” will refer to Carolina Power Tumbling.

PLEASE READ AND INITIAL BY EACH SECTION

_____ **TUITION: CPT requires checking account info or a debit/credit card number (Visa, Mastercard, or Discover Only) on file for ALL STUDENTS.** Our payment policy is as follows: EVERY FAMILY will be placed on automatic draft in which the monthly tuition will be processed on the **10th of each month** using the financial information provided on the registration form. Payment can still be made by check, cash, or debit/credit card through the 9th. All accounts that fail the automatic draft will incur a \$10 fee, which includes a late fee and failed transaction fee. **NO EXCEPTIONS.** If a debit/credit card is declined or a check is returned, participation in class can be denied until the balance is brought current. Tuition can be paid at the front desk during our office hours or mailed to Carolina Power Tumbling.

_____ **ANNUAL REGISTRATION FEE:** This is a non-refundable fee required when enrolling and is due again on the first day of your anniversary month each year. This fee will be drafted from your account on the 10th of your anniversary month unless it has been paid prior to this date. Annual registration fees are \$30 for the first child and \$15 for each additional sibling.

_____ **STUDENT WITHDRAWAL POLICY: CPT REQUIRES a 30 DAY WRITTEN NOTICE** before a student is considered withdrawn from a class. This should be given by the parent or legal guardian (in a written note or on a form we can provide), mailed, or emailed to the office (phone calls or telling a coach is **not** sufficient). Otherwise, monthly tuition continues whether or not the student is still attending class. This is for your benefit so that your child’s spot remains reserved until we are notified differently.

_____ **RETURNED CHECK FEES:** There is a \$30 NSF charge for all returned checks. Additional late fees may also apply.

_____ **DECLINED DEBIT/CREDIT CARD AND CHECKING ACCOUNT DRAFT FEES:** There will be a \$5 fee for **EACH** additional transaction run when a debit/credit card or checking account has been declined for any reason including but not limited to insufficient funds, expired card, and closed or frozen accounts.

_____ **PRIVATE LESSONS:** Due to limited spots, if your child participates in private lessons, a **24 hour** notice **must** be given for a cancellation. In the event that a notice is not given, a \$15 fee will be charged to the credit card or bank account information you provided. Please make a diligent effort to have your tumbler at every private lesson scheduled. We want each athlete to have every opportunity to succeed.

_____ **MAKE-UP POLICY:** Each student is allowed to make up **ONLY ONE** missed class per month, provided there is enough space in an existing class without overcrowding. **Prior approval from the office is required.** A makeup class is **not** guaranteed, so we encourage all students to make every attempt to take at their normal class times.

Parent Signature _____ Date _____

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BILLING INFORMATION - Required for ALL students

CPT REQUIRES checking account or debit/credit card information to remain on file. EVERY FAMILY will be placed on automatic draft in which the monthly tuition will be processed on the **10th of each month** using the financial information provided on the registration form. Payment can still be made by check, cash, or debit/credit card through the 9th of each month. It is the PARENT'S RESPONSIBILITY to provide the gym with up-to-date payment information. All payments that fail the auto draft will incur a \$10 fee, which includes a late fee and failed transaction fee. **NO EXCEPTIONS.** If a debit/credit card is declined or a check is returned, participation in class can be denied until the balance is brought current. When your annual registration comes due, it will be drafted from your account on the 10th of your anniversary month unless it has already been paid.

BANK ACCOUNT INFORMATION

Name of Bank _____ Name on Account _____

Routing # _____ Checking Acct # _____

and/or

DEBIT/CREDIT CARD INFORMATION

The card I am providing is a: (please check one) VISA / MASTERCARD / DISCOVER

Card Holder's Name (as it appears on the card) _____

Card # _____ Exp. Date _____ Security Code (CVV) _____

I have read and understand the Billing Process and will comply with the CPT policy.

Parent Signature _____ Date _____

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WAIVER OF LIABILITY

Student Name: _____

- I give my approval for the above-named student's participation in any and all activities of the program.
- I hereby forever waive, and forever release and discharge, Carolina Power Tumbling (hereafter referred to as "CPT"), their officers, directors, employees, and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.
- As a student, or parent or guardian of a student, it is my option to consult a physician for assurance of proper health and have been encouraged to do so by CPT.
- I authorize the representatives of CPT to provide any emergency medical services that may be required due to an injury during any tumbling, cheer, or other activity at or for CPT.
- I understand and acknowledge that the activity my child is about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties. The following describes some, but not all, of those risks: Tumbling and cheerleading entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, tumbling and cheerleading students would not improve their skills, and the enjoyment of the sport would be diminished. Tumbling and cheerleading exposes its participants to the usual risk of cuts and bruises. Other, more serious, risks exist as well. Traveling to and from shows, competitions, and exhibitions raises the possibility of any manner of transportation accidents. In any event, if your child is injured, your child may require medical assistance, at your own expense.
- I certify that my child has health, accident, and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume the risk of any medical or physical condition that my child may have or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- CPT is not responsible, whatsoever, for anything that happens before or after the student's designated class, camp, clinic, birthday party, fun gym, or sleep-over time.
- Should CPT, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
- In the event that I file a lawsuit against CPT, I agree to do so solely in the state of South Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CPT on the basis of any claim from which I have released them herein.

APPEARANCE CLAUSE

I understand that Carolina Power Tumbling produces promotional material about their programs. I understand that my son/daughter may be included in video tape or photography taken during classes and/or events, and I hereby grant CPT, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video tape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice, and appearance as part of the event/class/etc., and in advertising and promotion of the event/class/etc. without reservation or limitation. In granting this license, I understand that CPT is under no obligation to exercise any of its rights, licenses, and/or privileges herein granted.

I have had sufficient opportunity to read and understand this entire document, and I agree to be bound by its terms.

Student's Signature (if 18 yrs or older) _____

Parent/Guardian Signature _____ **Date:** _____