

# Tumble-N-Roll Membership Form

Tumble-N-Roll  
 300 S. Main Street  
 Lancaster, SC 29720  
 803.320.3547

[info@tumble-n-roll.com](mailto:info@tumble-n-roll.com)  
[www.tumble-n-roll.com](http://www.tumble-n-roll.com)

As with all sports, participation in tumbling, gymnastics, & competitive cheerleading brings the risk of injury. At Tumble-N-Roll LLC, the safety and health of our athletes is our primary concern. We will do everything we can to prevent injuries. However, no matter what precautions we take, injuries are likely to occur. In the event that your athlete is injured while in our care, Tumble-N-Roll LLC may need to immediately reach a parent, guardian, or other person you direct. Therefore, it is important that you provide Tumble-N-Roll LLC the following information. In addition, you will need to inform Tumble-N-Roll LLC of any changes to this information should they occur.

DATE: \_\_\_\_\_

**Please Print in INK**

MEMBERSHIP APPLICATION			
ATHLETE'S INFORMATION			
Athlete Name:			
Date of birth:	Age as of August 31, 2017:	Gender:    Male    Female	
Athlete Mobile:	Athlete e-mail:		
Medical Insurance Company & Policy Number:			
Known Allergies, illness, or injuries staff should be aware of?			
Pediatrician:	Pediatrician Number:		
Dentist:	Office Number:		
PARENT / GUARDIAN INFORMATION			
Mother's Name:		Father's Name:	
Address:			
City:			State
Mobile Phone:		Home Number:	
E-Mail:		E-mail 2:	
EMERGENCY CONTACT			
Name of a relative not residing with you:			
Home Phone:		Mobile Phone:	
Relationship:			
E XPERIENCE (CHEER, GYMNASTICS, DANCE):			

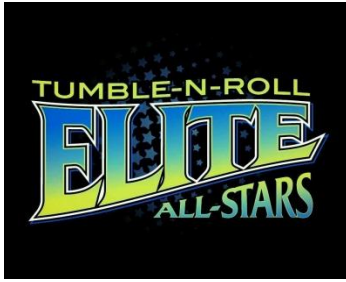
**Circle T-Shirt Size:**    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**    **AXXL**

**Office ONLY:**

\_\_\_\_\_ PS            \_\_\_\_\_ EC            \_\_\_\_\_ T-shirt

Class \_\_\_\_\_

Start Date \_\_\_\_\_



# Payment Authorization Form

Tumble-N-Roll  
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Lancaster, SC 29720  
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### Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

#### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time (even if you're out of town), eliminating late charges

#### Here's How Recurring Payments Work for making payments toward tuition:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ (full name) authorize Tumble-N-Roll LLC to draft my account or charge my credit card indicated below for \$\_\_\_\_\_ on the \_\_\_\_\_ of each month for payment of my child's, (day). monthly tuition as described in the cheer packet.

Athlete Name(s) \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/ Savings Account

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



#### Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tumble-N-Roll LLC in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Tumble-N-Roll LLC may at its discretion attempt to process the charge again within 5 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

# TUMBLE-N-ROLL LLC

## WAIVER OF LIABILITY, INDEMNIFICATION, ASSUMPTION OF THE RISK, AUTHORIZATION TO CONTACT EMERGENCY MEDICAL ASSISTANCE, AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, PRESS RELEASE FORM AND HEALTH HISTORY

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

If you are over the age of 18, you are releasing legal rights for yourself by initialing and executing this form. **READ IT CAREFULLY.**

If the participant is under the age of 18, as a parent or legal guardian you are releasing rights for yourself and for your child by initialing and executing this form. **READ IT CAREFULLY.**

Please review the form carefully, and initial the beginning of each paragraph in the spaces provided before completing the information on the lines provided.

- \_\_\_\_\_ A. [initial] As an individual over the age of 18 or as the parent or legal guardian of the above-listed child, I freely acknowledge that I have or will voluntarily register (myself/my child) to participate in cheerleading which include dance, gymnastics, stunting, jumping, and tumbling components. I acknowledge that (my/my child's) participation in cheerleading entails known and unanticipated risks that could result in serious and permanent physical and emotional injuries to (myself/my child), (myself/my child's) death, damage to property, and injury to others. I understand that such risks are inherent in these activities and that even with precautions and safety measures they cannot be eliminated without jeopardizing the essential qualities of the activities. I authorize Tumble-N-Roll LLC and its employees to contact emergency medical assistance at their discretion. I also authorize Tumble-N-Roll LLC and its employees to render such emergency medical aid as they deem necessary and agree to hold Tumble-N-Roll LLC and its employees harmless for any such treatment. Understanding such dangers, I hereby knowingly and voluntarily enroll (myself/my child) in the Tumble-N-Roll LLC Elite All-Stars Cheer team. I give my permission for my child to engage in the dangerous activities described above, and I assume the risk of the activities involving my child. I understand that (I do not/my child does not) have permission to participate in cheerleading or any other activities held, sponsored or participated in by Tumble-N-Roll LLC without agreeing to the terms and conditions on this release. I understand that this Form is effective for all events/activities held, sponsored or participated in by any class or team under the direction of Tumble-N-Roll LLC for a twelve month period from date of signature ("effective period"). I understand that this release and waiver of liability shall continue to be in effect during the above stated effective period until such time as I renounce it, in writing, at which time (I/my child) shall no longer be able to participate in any event held/sponsored or participated in by Tumble-N-Roll LLC.
- \_\_\_\_\_ B. [initial] I represent that (I/my child) is in good health and that no condition of (mine/my child's) would constrain (me/my child) from safely participating in the activities described in paragraph A. I understand that failure to provide information of any health condition that would constrain (me/my child) from participating could result in serious injuries or death to (me/my child). I certify that I have adequate insurance to cover any injury or damage that (I/my child) may suffer while participating in an event held, sponsored or participated in Tumble-N-Roll LLC. I agree to bear the costs of any injury or damages (I/my child) may suffer while participating in any event held, sponsored or participated in by Tumble-N-Roll LLC. I hereby authorize Tumble-N-Roll LLC or its representatives and/or employees to call for medical care for (me/my child) if in the opinion of such personnel or (my/my child's) coach medical attention is needed.
- \_\_\_\_\_ C. [initial] On behalf of (myself/my child and myself), I hereby knowingly and voluntarily release and forever discharge Tumble-N-Roll LLC and all their respective, employees, agents, coaches, instructors, assistants, officers, directors, owners, shareholders, subcontractors, and any other representative or affiliates and their respective heirs, successors, and assigns from any and all liability arising out of or in connection with the above-described activities involving (myself/my child) at any and every event held, sponsored or participated in by Tumble-N-Roll LLC. "Liability" means any and all claims, demands, losses, causes of action, lawsuits or judgments of any and every kind that occurs during or incidental to the above-described activities, that result from any cause whether caused by the negligence or otherwise.
- \_\_\_\_\_ D. [initial] I hereby agree to and shall indemnify, defend, save and hold harmless Tumble-N-Roll LLC their employees, representatives from and against any and all loss, liability, damage, or cost they may incur, including attorneys' fees and litigation costs, arising out of or related to the above-described activities, whether cause by negligence or otherwise.
- \_\_\_\_\_ E. [initial] I hereby agree that the assumption of risk, the release and waiver of liability, and the indemnity agreements contained herein extend to all acts of negligence and is intended to be as broad and inclusive as is permitted by the law of South Carolina and any other state whose laws apply to the activities, and that if any portion of this Form is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- \_\_\_\_\_ F. [initial] I give Tumble-N-Roll LLC the right to photograph or video record (me/my child), or likeness of (me/my child), and to disseminate any images or recordings of (me/my child) for any reproductions associated or in any way connected with marketing, advertising, publication or marketing of any event undertaken or participated in by Tumble-N-Roll LLC. Specifically, I hereby forever and irrevocably grant to Tumble-N-Roll LLC a license and permission to use any such photographic or video reproduction of (me/my child) in any form of advertisement for Tumble-N-Roll or any of its member for promotional purposes. I understand that no compensation will be paid by Tumble-N-Roll LLC for the use of any photographic or video reproduction of (me/my child).
- \_\_\_\_\_ G. [initial] By signing this Form and initialing each paragraph, I represent that I have read this Form thoroughly and understand it completely, including the substantial legal rights I am giving up for (myself/my child and myself) by signing it. I have had the opportunity to have my own attorney review this Form and my attorney has done so or I have knowingly and voluntarily chosen not to have my attorney review this Form. I have signed this Form freely and voluntarily without inducement of any kind or guarantee being made.

\_\_\_\_\_ H. [initial] I INTEND BY MY SIGNATURE FOR THIS FORM TO BE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I UNDERSTAND AND AGREE THAT THIS FORM CANNOT BE AMENDED OR MODIFIED BY ANY ORAL STATEMENTS OR OTHER WRITINGS AND THAT IT IS BINDING ON (ME/MY CHILD AND MYSELF), AND OUR HEIRS, SUCCESSORS, DISTRIBUTEES, GUARDIANS, LEGAL REPRESENTATIVES, AND ASSIGNS. I AGREE A FAXED OR SCANNED SIGNATURE SHALL BE BINDING IN LIEU OF THE ORIGINAL.

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this athlete.** If necessary, add another page with details:

1. Does your child have allergies to:

pollens                       medications                       food                       insect bites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma                                       epilepsy / seizure disorder                       heart trouble                       diabetes  
 frequently upset stomach                       physical handicap                       Other: \_\_\_\_\_

\_\_\_\_\_

3. Does your child have any special medications that he/she needs to take? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

4. Does your child wear:  glasses     contact lenses

5. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_  
\_\_\_\_\_

6. Should this child's activities be restricted for any reason?  NO  YES, If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (if over 18) or  
Parent/Guardian (if Participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name