



J&J Tumbling Trampoline Dance Swimming

815-239-1558

410 John St., P. O. Box 278, Pecatonica, IL 61063

Mother (first / last): _____ Father (first / last): _____

Mom's Cell: _____ Dad's Cell _____ Home Phone: _____

Address 1: _____ City / State: _____ Zip: _____

Primary Email: _____ Secondary Email: _____

Person Responsible for Payment: _____ Phone: _____

Other Phone numbers (Step Mother or Father, Grandparent)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

** If a secondary name & address (if two households) is needed please attach to this sheet.*

| <u>Student First / Last Name</u> | <u>Gender</u> | <u>Birthday</u> | |
|----------------------------------|---------------|-----------------|----------------------|
| 1. _____ | ○M ○F | ___/___/___ | Occupation Dad _____ |
| 2. _____ | ○M ○F | ___/___/___ | Company _____ |
| 3. _____ | ○M ○F | ___/___/___ | Work Ph. _____ |
| 4. _____ | ○M ○F | ___/___/___ | Occupation Mom _____ |
| | | | Company _____ |
| | | | Work Ph. _____ |

Emergency Contact: _____ Relationship: _____ Phone: _____

Hospital / Clinic Preference: _____ Insurance Carrier: _____

Physician's Name: _____ Phone: _____

HEALTH HISTORY

(Please circle any of the conditions which apply to the history of the participant(s):
Attention Deficit Disorder; Kidney injuries; heart condition or disease; epilepsy; diabetes; asthma; hearing problem; muscle, ligament, or tendon problems; previous broken bones or other injuries; allergies.

- ◆ While in class would you wear: glasses _____ contacts _____
- ◆ Is there anything else we should know about the health of the participant(s)? _____

Medicines taken regularly: _____

If you circled any items above or answered yes to any questions, please explain:

Signature Page



Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

By initialing here, you agree to these guidelines...

Photos

I hereby **AUTHORIZE** J&J Tumbling Trampoline Dance & Swimming LLC, 410 John Street, Pecatonica, Illinois, to **USE PHOTOGRAPHS** of myself or my child for promotional purposes and advertising, including on their website, currently www.jjchampions.com (names will not be used on the internet).

*J&J's is not responsible for Photos/Videos taken at our facility by others.

Initials

Consent Waiver

Neither Parent/Guardian nor Participant is an agent, servant or employee of J&J, its officers, directors, shareholders, employees, contractors, lessees, or volunteers, and no oral representations or inducements have been made to Parent/Guardian to sign this Agreement.

Parent/Guardian, by his or her signature below, for his or her self, his or her spouse, Participant, his or her child(ren) and all heirs and successors, DOES HEREBY CERTIFY THAT:

HE/SHE HAS READ THIS **DOCUMENT/CONSENT/WAIVER**.

HE/SHE UNDERSTANDS IT IS A RELEASE OF ALL CLAIMS OF LIABILITY AGAINST J&J AND OTHERS.

HE/SHE UNDERSTANDS AND ASSUMES ALL RISK INHERENT IN PARTICIPATING IN GYMNASTICS, TUMBLING, TRAMPOLINE, DANCE, CHEERLEADING AND SWIMMING.

HE/SHE VOLUNTARILY SIGNS HIS/HER NAME EVIDENCING HIS/HER ACCEPTANCE OF THE ABOVE PROVISION.

Initials

Policies & Procedures

HE/SHE HAS ALSO READ THE **J&J POLICIES AND PROCEDURES** DOCUMENT AS FOUND ON THE INTERNET OR IN THIS PACKET. IF HE/SHE DOES NOT HAVE ACCESS TO THE INTERNET HE/SHE SHOULD ASK FOR A PRINTED COPY FROM THE OFFICE OR PICK ONE UP IN THE FRONT LOBBY.

Initials

Signature of Parent or Guardian

Date

Witnessed by: _____ (Signature of Witness)

NAME: _____



Payment Options

MUST complete this form and return it to the Main Office prior to the first class.

A **\$20 DEPOSIT REQUIRED** upon registration to J&J classes in order to hold/retain your spot. This deposit is **NON-REFUNDABLE**, but is deducted from your total balance for all classes upon payment. *Deposit will be deducted from paid in full amounts should a refund be required.*

Please **INITIAL** your Option Choice:

PAID IN-FULL by semester or session:

MUST BE FULLY PAID BY FIRST CLASS

Fall/Winter and Winter/Spring Semesters—typically 20 weeks / Summer Session—typically 10 weeks
Classes are pro-rated if a student begins after the session start date.

Payment may be made by cash, check (payable to J&J), or credit / debit card in the main office or via *Parent Portal* account. *All major credit cards accepted.*

Pay In Full
Semester / Summer Total:

\$ _____

MONTHLY AUTOMATIC DEDUCTION from Credit/Debit Card:

MUST BE SET UP BY FIRST CLASS

Fall/Winter and Winter/Spring Semesters—typically 5 pymts / August—December and January-May
Summer Session—typically 2 pymts / June & July
Classes are pro-rated if a student begins after the session start date, and payments based accordingly.

DATE OF MONTHLY DEDUCTION: Choose- 5th or 20th of each month.

COMPLETE BACK OF SHEET TO SIGN UP

MONTHLY AUTO

\$ _____

Choose date of withdraw:

5th 20th

PAYMENT PLAN (not automatic)

\$20 FINANCE CHARGE INCLUDED. MUST BE SET UP BY FIRST CLASS

Payment may be made by cash, check (payable to J&J), or credit / debit card in the main office or via *Parent Portal* account. *All major credit cards accepted..*

COMPLETE BACK OF SHEET TO SIGN UP

PAYMENT PLAN
Beginning Balance
including \$20 Finance Charge

\$ _____

Payment Schedule

| FALL/ WINTER | | |
|---------------------|-------------|--------|
| | DATE | AMOUNT |
| AUGUST | | |
| SEPTEMBER | | |
| OCTOBER | | |
| NOVEMBER | | |
| DECEMBER | | |
| DEPOSIT PAID | ___/___/___ | |

| WINTER/ SPRING | | |
|---------------------|-------------|--------|
| | DATE | AMOUNT |
| JANUARY | | |
| FEBRUARY | | |
| MARCH | | |
| APRIL | | |
| MAY | | |
| DEPOSIT PAID | ___/___/___ | |

| SUMMER | | |
|---------------------|-------------|--------|
| | DATE | AMOUNT |
| JUNE | | |
| JULY | | |
| DEPOSIT PAID | ___/___/___ | |



Payment Contract

PARENT NAME: _____

STUDENT NAME(S): _____

AGREEMENT:

By signing below, I, _____, am entering into an agreement with J&J Tumbling, Trampoline, Dance, and Swimming, LLC. to make payments of the specified amounts on the dates stated on the payment schedule (front of this sheet). I understand that this is an agreement, and if I fail to follow through with payments as listed during the specified payment period, I will be contacted via email, phone, and/or mail. Should a credit card decline, or a NSF check be returned, I, the account holder, will be responsible for any and all fees incurred (see *Policies & Procedures*). Every 30 days a balance remains, I will be charged a \$5.00 Collection Fee until the balance is paid in full. This fee is enforced to keep costs at a reasonable level, thus preventing the frequent increase in fees for J&J services. I understand the amount may change pending: term changes, additions, transferring, or discontinuation of classes, and/or change in session, etc. A copy of this form is available upon request.

SIGNATURE: _____ DATE: _____

PAYMENT METHOD:

PAYMENT PLAN

_____ CASH, CHECK, OR CREDIT CARD PAYMENT IN OFFICE

_____ CREDIT CARD PAYMENT VIA PARENT PORTAL

AUTOMATIC PAYMENT

_____ CREDIT/DEBIT CARD INFORMATION ALREADY ON FILE

_____ NEW CARD INFORMATION

Name as it appears on card

Credit Card Number

Expiration Date

CVC (Back of Card)

Billing Address:

Same as on Waiver

OR

Street/PO

City

State

Zip

Authorization: I authorize J&J Tumbling, Trampoline, Dance, & Swimming, LLC to debit my credit / debit card account on file for the amount due as outlined in this agreement for the services they offer to me. I have read and accept the general and financial policies as stated on this form. I understand that by signing this authorization I am entering in an agreement with J&J TTDS, LLC. J&J TTDS, LLC. agrees to give a 15 day notice of any rate changes.

CARDHOLDER SIGNATURE

DATE

AUTHORIZED J&J REPRESENTATIVE INITIALS