



Tumbling Trampoline Dance Swimming

815-239-1558
410 John St., P. O. Box 278, Pecatonica, IL 61063

For Office Use Only.

Child's Last Name: _____

Parent Last Name: _____

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

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

Primary Email: _____ Secondary Email: _____

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

IMPORTANT... Please choose at least one way to contact you about J&J closings or emergency notices!

Email Land Line Voice Message Cell Phone Text Cell Phone Voice Message

Person Responsible for Payment: _____ Phone: _____

	<u>Student First / Last Name</u>	<u>Gender</u>	<u>Birthdate</u>	
1.	_____	oM oF	____/____/____	Occupation Dad _____ Company _____
2.	_____	oM oF	____/____/____	Work Ph. _____
3.	_____	oM oF	____/____/____	Occupation Mom _____ Company _____
4.	_____	oM oF	____/____/____	Work Ph. _____

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

Other Phone numbers (Step Mother or Father, Grandparent)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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



Print

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)

Payment Option Request Form

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

Parent / Guardian's Name _____

Student(s) Name(s) _____

Please INITIAL your Option Choice:

OPTION #1: IN-FULL by semester or session:

You may choose to pay in full by the semester (usually 20 weeks unless otherwise stated). Payment may be made by cash, check (payable to J&J), or credit / debit card in the main office. *Cash, check, Visa, MasterCard, Discover & American Express accepted.

Pay In Full Semester / Summer Total: \$ _____
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Or **MONTHLY Automatic Credit / Debit withdraw Option:**

Choosing this convenient option allows you to divide the amount due into five monthly payments by putting a Visa, MasterCard, Discover Card, American Express, Checking or Savings Account of your choice on file. Amounts due for classes are reviewed and then applied to the card/account on the first or fifteenth business day of the month.

MONTHLY AUTO CHARGE \$ _____ Billed on: 1st 15th
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OPTION #2: MONTHLY PAYMENT PLAN without using Automatic Option or Payment In Full

Monthly payments accepted and are due by the 1st of each month. A \$5.00 late fee will be assessed for non-payment months on the 7th day of that month.

PAYMENTS WITHOUT AUTO *Using this option adds \$15 to your tuition amount. Monthly Charge: \$ _____

Checking / Savings Account Debits	
Name on Account - First _____ Last _____	
Name of Bank _____	
Type of Account:	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business Savings
Routing Number _____	Bank Account Number _____

Credit / Debit Card Charges	
Name as it appears on card _____	
Credit Card Number _____	Expiration Date _____ / _____ V-Code (on back) _____
Street/PO (Billing Address for Credit Card) _____	
City _____	State _____ Zip _____

Authorization: I authorize J&J Tumbling, Trampoline, Dance, & Swimming, LLC to debit my credit / debit card account or bank account on file for the amount due on the first business day of each month for the services they offer to me as recorded on my **Payment Record Form**. I understand that the amount will change pending: term changes, additions, transferring or discontinuation of classes. A copy of this form is available upon request. 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.

Customer Signature _____

Date _____

For changes made, initial & date here

J&J Tumbling, Trampoline, Dance, & Swimming, LLC