



TNT Gymnastics & Fitness Complex Inc.
P: (904) 998-8681 F: (904) 997-8689 www.tntgymfit.com

Mobile Movements Registration Form 2014 - 2015

Student Information

Child Name: _____ Male / Female Date of Birth: ____ / ____ / ____
(Last) (First)

Child Name: _____ Male / Female Date of Birth: ____ / ____ / ____
(Last) (First)

Child Name: _____ Male / Female Date of Birth: ____ / ____ / ____
(Last) (First)

Parent / Guardian: _____ Phone #: (____) _____
(First) (Last)

Emergency Contact: _____ Phone #: (____) _____
(First) (Last)

Email Address: _____ @ _____

Address: _____
City, State Zip Code

Drivers License # _____

Acknowledgement of Risk & Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in TNT Gymnastics and Fitness Complex Inc., classes and activities. I recognize that potentially severe injuries, including paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline.

I understand that it is the express intent of TNT Gymnastics and fitness Complex, Inc. to provide for the safety of my child in consideration for allowing my child to use these facilities, whether located at 2683 ST. Johns Bluff Road South, Suite 107 Jacksonville, FL 32246 or any other location that instruction or activity is offered. I hereby forever release TNT Gymnastics and Fitness Complex Inc., it's officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of TNT Gymnastics and Fitness Complex, Inc.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while training at, or performing for TNT Gymnastics and Fitness Complex Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature

Date

Permission for Medical Treatment

I authorize TNT Gymnastics & Fitness Complex Inc. to take the necessary steps regarding medical attention (i.e. administering first aid, calling emergency medical service, transporting to the hospital) and will allow authorized hospital staff to treat my child for any illness or injury he/ she has sustained.

Past Injuries / other special information we should know about: _____

Physicians Name: _____ Phone #: (____) _____

Physicians Address: _____

Parent of Legal Guardian Signature

Date

Rules & Policies

I have received and read the TNT Gymnastics & Fitness enrollment policies and fully understand it's general policies, refund policies, and withdrawal policies for the recreational program. If my child is enrolling on a competitive team at TNT, I have received the team handbook and understand I must abide by the rules and policies set for team athletes.

Is your child interested in competitive Gymnastics? YES or NO

Parent of Legal Guardian Signature

Date



Mobile Movements Class Registration
 (904) 998-8681 Fax: (904) 997-8689 TNTGYM.LP@Gmail.com

Kingdom Kids Pre-School
 Ages 3-4 Yrs.



TNT Gymnastics is proud to bring Mobile Movements to your facility!
 We look forward to building your child's foundational skills through the sport of gymnastics.
 Please fill out the necessary information below to complete class registration.

Child Name: _____ **Age:** _____ **Male / Female**

I would like to enroll my child in the following class time (please circle one):

- Thursday 1:00 PM - 1:45 PM

I would like to register for the following months (please circle one or multiple):

September	February
October	March
November	April
January	May

Monthly Enrollment Fee: \$45 / Month

Photo Release:

By signing below, I, the Natural Guardian, am acknowledging that I accept the General Terms and Conditions, the Photo Release for Minors, and the Waiver and Release of Liability for registering my minor child for TNT Gymnastics', Mobile Movements' membership. I also understand that payment is due before my child will be able to participate in Mobile Movements weekly sessions, and I understand that after my first payment, there is no prorating of tuition fees and that Mobile Movements tuition is due by the first of each month to ensure that my child does not miss a class. In addition, I understand that in order to withdraw my child from Mobile Movements sessions, I must submit the Mobile Movements, Inc. Cancellation of Membership Form one paid calendar month in advance.

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

Credit Card Authorization *

Yes, I authorize payment to be deducted from my credit card. Registration is not completed until terms below have been accepted and payment has been made. Please provide 30 days written notice to withdraw from Mobile Movements. Classes are not prorated due to your child's absence, field trips or school closures. No increase in tuition for months having more than 4 classes and no decrease for months having less than 4 classes. I authorize TNT Gymnastics', Mobile Movements program to withdraw tuition on the first of each month for Mobile Movements. I understand I must give Mobile Movements a 30 days written notice to withdraw from classes.

Card Type (Circle One): **Visa** **MasterCard** **Discover** **American Express**

Name on Card: _____ **Billing Zip Code:** _____

Credit Card Number: _____ **Expiration:** ____/____

CVC / Security Code: _____ **Billing Zip Code:** _____

Authorization Signature: _____ **Date:** _____

Printed Name: _____

PLEASE FILL OUT THE BACKSIDE OF FORM →