XTREME TUMBLING AND DANCE CENTER, LLC. 2024-2025 FALL REGISTRATION

Student Name:	Age:
Address:	Birth Date:
	Home Phone: ()
Parent/Guardian Name(s):	Cell Phone: ()
How did you hear about us?	Prior Training:
	IMPORTANT
E-mail Address (ALL CAPITALS):	
If you do not have an E-mail address please in	dicate below, as most correspondence is sent via E-mail.
	Agreement
Lam enrolling (student's pa	me) at XTREME Tumbling and Dance Center, LLC. I choose to pay for tuitior
-	at payments are due on the 1st of every month regardless of any absences.
	10th of the month will be charged a late fee of 20% of the monthly tuition.
	count for any returned checks . There will be NO REFUNDS or DEDUCTIONS
	nust notify XTREME Tumbling and Dance Center, LLC. in writing, one month
	TREME Tumbling and Dance Center, LLC. and do not give the one-month
	e responsible for paying the next month's tuition.
I understand and agree to the terms of this ag	reement.
Parent/Guardian Signature:	Date:
	arent/Guardian Release of Claims
the undersign	ed parent and/or guardian of a minor, recognize
	/. I acknowledge that the above minor is in good health and has neither a
	preclude the minor from participating in the physical activity required for the
	physical activity may result in injury because of the activity. Knowing the
	elease discharge, acquit and forever forgive XTREME Tumbling and Dance
	and officers from any and all present and future actions, causes of actions,
	sts, attorneys' fees, loss of services, expenses, compensation, third party
	ns and suits for contribution and/or indemnity of whatever nature, and all
	known personal injuries, death, and/or property damage arising out of
participation or taking of any classes or instru	tions at XTREME Tumbling and Dance Center, LLC I further state that I
have carefully read the foregoing release and	know the contents thereof and sign the same as my own free act.

Parent/Guardian Signature: _____ Date: _____

Returning Student: Y or N

Registration fee: \$20.00 (Individual) or \$35 (Family)

Total Monthly Tuition: \$ _____ Reg. Fee: _____

Deposit: \$ _____ Date: ____ Check or R #: _____

Balance due first day of class: \$_____

REGISTERED CLASSES:

DAY	TIME	CLASS