

Tumble 'n' Play

2018 - 2019 SCHOOL YEAR SCHEDULE OF CLASSES



Little Rock
Racquet Club

play on

Tumble 'n' Play is a movement program specifically designed for children ages six months to five years. The goal of the program is to increase self-confidence and self-esteem, sociability, flexibility, strength and balance - all set in a curriculum of fun.

TODDLER FUN

(parent/child class)

This class is non-stop action and includes obstacle course, skill development time, prop play, music, dancing and parachute play. Try to keep up, Mom

Age: 1 year to 2 years

Days and Time: Tuesday, Wednesday or Thursday 9 - 10 am

TUMBLE FUN

(parent/child class)

This group is ready to tackle more challenges using tumbling, balancing and strengthening skills, all wrapped around rhythmic exercises, dancing, props and parachute play.

Age: 2 to 3 years

Days and Time: Monday or Thursday 10 - 11 am; Friday 9 - 10 am

MOVEMENT FUN

(child only class)

A wonderful mixture of preschool gymnastics, creative movement, gross motor development skills and games geared toward teaching young ones how to work as a group or as individuals toward a common goal. Great fun while learning.

Age: 3 to 5 years

Days and Time: Monday 3:30 - 4:30 pm; Tuesday 10 - 11 am or 3:30 - 4:30 pm; Wednesday 10 - 11 am

MONTHLY FEES

TAC members - \$57 per month | Non-members - \$75 per month | Siblings receive 10% discount.

CANCELLATION POLICY

To withdraw from the TNP Program, you must submit a 30 day written notice to the Program or Membership Director and have an account balance of \$0.

REGISTRATION

Please call Ms. Cammie at 225-5711 to confirm class availability.

PARTICIPANT'S INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female

Child is an: LRRC member LRAC member Non-member

Mother's name: _____ Father's name: _____

Street address: _____ City: _____ State: _____ Zip: _____

Mother's phone: _____ Father's phone: _____

Email: _____

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____

Phone(s): _____ Relationship to child: _____

Doctor's name: _____ Phone number: _____

Emergency room of choice: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

PICK-UP AUTHORIZATION

My emergency contact is authorized to pick up my child from the LRRC.

Other adults authorized to pick-up my child from the LRRC include:

Name	Relationship	Address	City/State/Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLASS ATTENDANCE

Class confirmed with Ms. Cammie (circle one):

Diaper Fun Toddler Fun Tumble Fun Movement Fun

Confirmed day of week _____ Time _____ Start date _____

PAYMENT INFORMATION

Person responsible for payment: _____

Responsible party's address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____ Email address: _____

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRRC/LRAC club account option (for members only/account must be current)

Name of member to be charged: _____

Credit/debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: _____

Credit card number: _____ Expiration date: _____ CCV number: _____

NOW SIGN THE WAIVER AND RETURN TO THE MEMBERSHIP OFFICE

WAIVER

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

- The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation.
- I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Permission to Use Photography and/or Video - I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

MY SIGNATURE CONVEYS

- I authorize the Little Rock Racquet Club to draft my Tumble 'n' Play fees as indicated on my Payment Information page which will be shredded;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I understand and agree with the Cancellation Policy;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email with club news and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent's/Guardian's Signature: _____ Date: _____