

'20 - '21 School Year
Tumble 'n' Play



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. Classes will be limited to 8 children and 8 parents or caregivers.

Fall Session:

September 8 - November 20, 2020

Spring Session:

February 1 - April 30, 2021

SESSION FEES

TAC members - \$180 per session | Non-members - \$234 per session | Siblings receive a 10% discount.

REGISTRATION

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

DIAPER FUN

(parent/child class)

Moms and babies experience music, mirror play, developmental skill exercises and parachute play. All activities are geared toward increasing kinesthetic and spatial awareness, strength, equilibrium, and best of all, making new baby buddies.

Age: 7 months to walking

Days and Time: Monday 9 - 10 am

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: 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: Wednesday 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: Tuesday 10 - 11 am or 3:30 - 4:30 pm

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.

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): _____

CLASS ATTENDANCE

Class confirmed with Ms. Cammie (circle one):

Diaper Fun Toddler Fun Tumble Fun Movement Fun

Confirmed session _____ Start date _____

Confirmed day of week _____ Time _____

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
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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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 

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include 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 and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or 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..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

PARTICIPANT AGREEMENT

MY SIGNATURE CONVEYS:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- 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 authorize the LRAC to draft my program fees; and
- I agree to the cancellation policy.

Print Parent's/Guardian's Name: _____

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