

Please mail form to:
 Leaps & Bounds
 Registration of Classes
 11033 Laird Lane
 Denham Springs, LA 70726

Registration Form

Forms can also be
 dropped off at our
 location.

Phone:225-665-7200 Fax:225-667-6620

Student Information

Name _____ Sex _____ Age _____ DOB ____/____/____ Home _____ () _____
 Name _____ Sex _____ Age _____ DOB ____/____/____ Home _____ () _____
 Alt. emergency _____ () _____
 Address _____ City _____ State _____ Zip _____ Email _____
 Medical conditions or allergies to which we should be alerted _____
 Mom's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 Dad's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 How Did you learn about Leaps & Bounds Sports? (If word of mouth, from whom?) _____
 Has anyone in your family previously been enrolled at Leaps & Bounds Sports? Yes No If yes, approximate date/year: _____
 Photos may occasionally be taken of class participants. Is Leaps Sports free to use such photos in marketing publications without compensation to you? Yes No

Class Information





1st choice *Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____ *
 2nd choice *Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____ *
 1st choice *Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____ *
 2nd choice *Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____ *

**See you the fi rst day of class!...WE CALL ONLY IF THERE IS A DIFFICULTY SUPPLYING YOUR FIRST CLASS CHOICE!*

Payment Information

Registration fee must be paid up front

Annual Family Administration fee (unless paid within the last 12 months)\$ _____
 Tuition (Full payment required. Payment fully refundable if your 1st class choice is not available)\$ _____
 TOTAL ENCLOSED (payment by check & US mail is preferred) Check Credit Card \$ _____ (Chk # _____)

Full Payment  Name on credit card: _____
 Auto Pay (credit card on file)  Card Number: _____ Exp. Date _____
 Double Check (both checks due at same time)  Signature: _____
 



ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Leaps & Bounds Sports Center, LLC. programs and activities and I ACCEPT ALL RISKS associated with this participation.
 In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Leaps & Bounds Sports Center, LLC., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.
 In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Leaps & Bounds Sports Center, LLC. and is representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Leaps & Bounds Sports Center, LLC.
 I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature _____ Date _____