



Lucie B's Jump N Fun Trial Class Form- Great Neck
45, CutterMill Road

\$25- 1hr Jump Rope Session (1 free trial for new customers)
Sundays 10- 11AM

Child's Name _____ Age _____

DOB _____ School _____ Grade _____

Parent's Name _____

Home Phone # _____ Cell Phone# _____

Address _____

City _____ Zip _____ Email **(required)** _____

Emergency Contact Name and Number _____

Any Health/Physical Restrictions? _____

TRIAL CLASS Schedule date _____

ONLY 1 TRIAL CLASS ALLOWED PER CHILD. Cash or Checks Only.

Please make checks payable to: **Lucie B Jump N Fun. PAYMENT IS REQUIRED BEFORE ATTENDANCE in class. There is a \$30 charge for bounced checks.** Mail form and payment to: **Jump N Fun 807 Atlantic Avenue Baldwin, New York 11510**

Enrollment is limited and spaces will be reserved on a first come-first serve basis. **ROPES ARE PROVIDED. PLEASE BRING WATER!**

ALL PARTICIPANTS MUST WEAR PROPER SNEAKERS, PANTS OR SHORTS. THOSE WITH SKIRTS WITHOUT UNDERGEAR (LEGGINGS, Shorts,etc) WILL NOT BE ALLOWED TO JUMP.

Liability Waiver and Assumption of Risk Release I agree that I am the parent or legal guardian of the above child and that my child and I will abide by all rules and regulations of *Lucie B's Jump N Fun* which now exist or may be hereafter adopted or amended by the owners of the business. I further acknowledge and agree that there are certain inherent dangers in jumping rope and that *Lucie B's Jump N Fun* shall not be liable for any personal injuries, property damage, or other loss sustained by me or my children in, or about the premises, or arising out of the use of the facility. In the case of accident or injury where an emergency contact person cannot be reached, I grant *Lucie B's Jump N Fun* permission to obtain medical attention for my child if necessary, for which I will be financially responsible. *Lucie B's Jump N Fun* reserves the right to cancel this contract at any time, and at it's sole discretion.

Parent Signature X _____

Date _____
