

**"A Sensory Gym on Wheels" ... Filled with attractive and**

**interesting equipment bringing fitness and fun to children at daycares, schools, birthday parties and special events!**

## REGISTRATION FORM

Please enclose your **registration fee** and **first payment** with this enrollment form.  
 All payments should be placed in THE DISCOVERY BUS mailbox at your childcare facility.  
 Please make checks payable to **THE DISCOVERY BUS**.



**CHILD'S NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_

PARENTS NAMES \_\_\_\_\_

**ANY MEDICAL CONDITIONS?** \_\_\_\_\_ **ALLERGIES?** \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ CLASS DAY(S) Mon  Tues  Wed  Thurs  Fri

Teacher/Class Name \_\_\_\_\_

I understand that I am committing to a 44 week program and I can withdraw **at any time** as long as I contact THE DISCOVERY BUS office. I understand that my child will participate each week in the program unless I notify the office of THE DISCOVERY BUS otherwise.

I understand that a risk is involved in participation in gymnastics and related activities. I hereby give my consent for my child to participate in any and all DISCOVERY BUS programs and I accept all risks associated with this participation. I, the undersigned parent or guardian, covenant not to sue and forever release Achievability LLC dba THE DISCOVERY BUS, its officers, directors, shareholders, employees, contractors and volunteers from all liability, damages and claims for injuries incurred as a result of participation including those resulting from acts of negligence. In the event of an accident or emergency, I authorize my child to be transported to a hospital for medical treatment and I hold THE DISCOVERY BUS and its representatives harmless in the execution of such. I agree to provide for all medical expenses which may be incurred by my child as a result of any injury sustained while participating at THE DISCOVERY BUS.

**PARENT/LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

### PROGRAM FEES:

- Plan A – Monthly \$45
- Plan B – 3 Months \$120 (10% Savings)

**Annual Registration fee** **\$20.00**  
 Plan Amount: \$ \_\_\_\_\_  
**Total Amount attached:** \$ \_\_\_\_\_  
 =====

Please make checks payable to **THE DISCOVERY BUS**.



CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ SEC CODE \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Cards are billed by the 7<sup>th</sup> of each month. Please contact us in writing if you want to change your method of payment.

Occasionally, THE DISCOVERY BUS staff may photograph students with the intent to use the pictures in various publications and/or on our website.

Please check here if you do NOT want your child to appear on any medium associated with THE DISCOVERY BUS.

