

Tumble Time Gymnastics

Registration Form

Child's Name _____

Date of Birth _____ Age _____

Address _____

City _____ Zip Code _____

Home Phone _____ E-Mail _____

Emergency Contact _____ Phone _____

Father's Name _____ Work Phone _____

Cell Phone _____

Mother's Name _____ Work Phone _____

Cell Phone _____

EMERGENCY TREATMENT: IF NECESSARY IN THE OPINION OF THE COACH IN CHARGE, FIRST-AID MAY BE ADMINISTERED TO MY CHILD. HE/SHE MAY BE TAKEN TO A LICENSED PHYSICIAN FOR EMERGENCY TREATMENT IF THE COACH IS NOT ABLE TO CONTACT ME IMMEDIATELY. YES/NO

Please indicate all allergies, medical conditions or activity restrictions of which the coaches should be aware.

I understand that my child (children) is automatically enrolled. If my child (children) discontinues participation in class, I will inform Tumble Time in writing at least two weeks prior to the drop. Failure to notify will result in continued tuition payments. Tuition is due for the entire month in which a drop occurs and I will be charged accordingly. Initials _____

WAIVER AND RELEASE: I AM FULLY AWARE OF AND APPRECIATE THE RISKS, INCLUDING THE RISK OF CATASTROPHIC INJURY, PARALYSIS AND EVEN DEATH, AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH PARTICIPATION ON THE SPORT OF GYMNASTICS. I FURTHER AGREE THAT TUMBLE TIME GYMNASTICS ALONG WITH THE EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS OF THIS ORGANIZATION SHALL NOT BE LIABLE FOR ANY LOSSES OF DAMAGES OCCURRING AS A RESULT OF MY CHILD'S PARTICIPATION IN THE SPORT OF GYMNASTICS.

Parent Signature: _____ Date _____

Class: _____

Day/Time _____