

**TUMBLE TIME GYMNASTICS AND DANCE, INC.**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Does child have any issues we should be aware of? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person to call if Parent's cannot be reached: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name: \_\_\_\_\_

Designated people to pick up your child: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name: \_\_\_\_\_

**Withdrawal Policy**

Classes from September through June. You will remain on the class roster and will be charged until we receive a **written 30 Day Notice. I understand and accept the withdrawal Policy** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY**

I hereby consent to the aforementioned person(s) participating in the Tumble time Gymnastic Program. I recognize that potentially severe injuries, including paralysis or death can occur in any activity involving height or motion, including but not limited to dance, martial arts, summer camp, cheerleading, gymnastics and related activities including tumbling and trampoline. I understand that it is the express intent of Tumble Time Gymnastics, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities. I hereby release Tumble Time Gymnastics inc., its officers, employees, teachers and coaches from all liability and any and all damages and injuries suffered by my child while under the instruction, supervision or control of Tumble Time Gymnastics Inc.

As Legal Guardian of \_\_\_\_\_

Print Childs Name

Parent or Legal Guardian

Date

**Permission to Treat (Optional)**

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence

Print Childs Name

Parent or Legal Guardian

Date

**Photo & Video Acknowledgement**

From time to time Tumble Time may use photographs or video clips for brochures, letters and training materials. Please check the following line. I am in agreement That Tumble Time Can \_\_\_\_\_ cannot use images \_\_\_\_\_ of my child (initial)

**Student/Parent Handbook Acceptance**

The Handbook is now located on our website at [www.tumbletime-gym.com](http://www.tumbletime-gym.com). I understand that it is my responsibility to read and comply with the information and policies in the handbook and any revisions made to it.

Print Childs Name

Parent or Legal Guardian

Date

Office use Only:

ROSTER \_\_\_\_\_ PINK \_\_\_\_\_ QKBKS \_\_\_\_\_ DB \_\_\_\_\_ INIT \_\_\_\_\_