

SUMMER CLASS REGISTRATION FORM

PARENTS NAME _____ DATE _____
CHILDS NAME _____ CLASS _____ DAY _____ TIME _____
2ND CHILDS NAME _____ CLASS _____ DAY _____ TIME _____
MAILING ADDRESS _____
PHONE _____ AGE _____ DATE OF BIRTH _____
EMERGENCY CONTACT NUMBER _____ NAME _____
E-MAIL ADDRESS _____
DESIGNATED PEOPLE TO PICK UP YOUR CHILD _____
ANY KNOWN ALLERGIES ? _____
MEDICATIONS WE SHOULD BE AWARE OF? _____
DOES YOUR CHILD HAVE ANY ISSUES THAT WE SHOULD BE AWARE OF? Y/N
EXPLAIN _____

REGISTRATION FEE (\$15.00) _____
TUITION _____
PRORATED TUITION _____
TOTAL _____
FORM OF PAYMENT _____

OFFICE USE ONLY

ROSTER _____ PNK _____ QBKS _____ DB _____ INT _____

AS THE PARENT OR LEGAL GUARDIAN OF _____ I HEREBY
CONSENT TO MYSELF AND THE ABOVE NAMED PERSON TO PARTICIPATE IN THE PROGRAMS
OFFERED AT TUMBLE TIME GYMNASTICS AND DANCE, INC. I fully Understand that the nature of gym-
nastics and cheerleading carries a risk of personal injury, including Serious injuries such as broken bones, torn
ligaments, and paralysis. I understand and accept that risk. In Partial consideration for allowing my child to use the
Tumble Time Gymnastics equipment. I hereby forever release Tumble Time Gymnastics and Dance, Inc., its own-
ers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child
while under the instruction, supervision or control of Tumble Time Gymnastics and Dance, Inc.. As the parent or
legal guardian of the aforementioned person, I hereby to individually protect for the future, medical expenses
which may be incurred by my child as a result of any injury sustained while participating in the activities for, or
under the direction of Tumble Time Gymnastics and Dance, Inc. This acknowledgement of risk, waiver of liability,
indemnity agreement are thoroughly and completely understood, is signed voluntarily as to ites content and intent.
In the event of an emergency I give Tumble Time Gymnastics and Dance, Inc. to arrange for transportation to a
hospital and receive medical treatment.

Signature of parent or legal guardian

Date