



REGISTRATION FORM

Date _____

Parent/Guardian Name _____

Spouse/Partner _____

Phone (where you are most likely to be reached) _____

Email _____

Mailing Address _____

Emergency Contact Name _____

Phone _____

Insurance Company—It is important for us to know your child is covered.

How were you referred to Tumbledown?

First Child's Name _____

Birthday _____

Health Issues/Allergies/Physical Impairments _____

Medications _____

Second Child's Name _____

Birthday _____

Health Issues/Allergies/Physical Impairments _____

Medications _____

Third Child's Name _____

Birthday _____

Health Issues/Allergies/Physical Impairments _____

Medications _____

WARNING: There is a high risk of sustaining injury while performing gymnastics. This risk CANNOT be eliminated, regardless of the diligence, care, or expertise of the student, instructor, or studio. Risk of injury includes, but is not limited to: broken bones, joint dislocation, muscle damage, brain injury, spinal injury, paralysis, and death.

By signing this registration form below, you agree and acknowledge that you have read this warning and understand that these risks exist and cannot be avoided. By signing this registration form below, you further waive, release, acquit and forever discharge Tumbledown Gymnastics Studios LLC, its employees, agents, and contractors, from any and all liability arising out of, or resulting from, physical injury sustained by your child while performing gymnastics.

Signature of Parent or Guardian _____