

# Tumbletown Registration Form and Waiver

**T** STUDENT'S NAME First \_\_\_\_\_ /Last \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**U** SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ CHEER COACH \_\_\_\_\_

**M** TEAM (check one) JV \_\_\_\_ VAR \_\_\_\_ MODIFIED \_\_\_\_ FRESHMAN \_\_\_\_ BIDDIES \_\_\_\_ GIDGETS \_\_\_\_  
**B** NO TEAM AFFILIATION \_\_\_\_ NAME OF TEAM OTHER NOT LISTED \_\_\_\_\_

**L** TRYING OUT FOR \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**E** ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

**T** ZIP \_\_\_\_\_ PHONE Day \_\_\_\_\_ / Eve \_\_\_\_\_

**O** PARENT'S CELL \_\_\_\_\_ STUDENT'S CELL \_\_\_\_\_

**W** PARENT'S EMAIL \_\_\_\_\_

**N** STUDENT'S EMAIL \_\_\_\_\_

Indicate any special circumstances that relate to student \_\_\_\_\_

**N** PRIMARY INSURANCE CARRIER \_\_\_\_\_

PARENTS FULL NAMES (Printed) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**G** I have read and understand the Rules and Policies, Schedule, Fees, and read the Waiver/Release on reverse. I understand that there are no refunds. I understand that all classes must be taken in the session registered for. I permit my child to participate in the Tumbling Program. In the event of a medical emergency, and all attempts to reach me have been made, I hereby release the agents of Tumbletown Gymnastics Inc. to consent (sign) on my behalf and secure treatment by a physician. I certify that my child is covered under the health insurance plan named above. I certify that my child has received a physical and is able to participate in gymnastics activities.

**Y** REMEMBER TO INCLUDE THE REGISTRATION FEE FOR THIS SCHOOL YEAR 2010-2011  
**M** Make checks payable to Tumbletown and submit (along with this form) to your cheerleading coach or Tumbletown office.  
**N** **There are no refunds.** Thank You!

**A** \*\*\*\*\*  
**S** Session - Summer  Fall  Spring  Fall and Spring  2x per week

**T** Class Day/Time \_\_\_\_\_

**I** Class Fee \$ \_\_\_\_\_

**C** Registration Fee \$ \_\_\_\_\_

**S** Total \$ \_\_\_\_\_

Check Date \_\_\_\_\_ Check# \_\_\_\_\_

MC Visa Discover (Circle One) Card# \_\_\_\_\_

Billing Address (number only) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Exp \_\_\_\_\_

## **TUMBLETOWN GYMNASTICS**

### **THIS FORM MUST BE SIGNED AND RETURNED TO PARTICIPATE IN GYMNASTIC ACTIVITY. USA GYMNASTICS FEDERATION MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.**

1) In consideration of membership in the United States Gymnastics Federation, herein referred to as the USAG and being allowed to participate in USAG events and or member club activities, the parents and or legal guardians of the minor participant listed below fully understand and agree:

- A) There are several risks and dangers associated with participation in gymnastic and acrobatic activities not limited to those of bodily injury, partial or total disability, and paralysis.
- B) The social and economic losses and or damages, which could result from those risks, and dangers listed above could be severe;
- C) There may be other risks not known to us or are not reasonably foreseeable at this time.

2) Participants and guardians should inspect the premises and equipment to be used, and if he or she believes anything is unsafe should immediately advise the instructor of such condition and refuse to participate.

3) Participants shall be instructed to and carefully review and follow USAG Guidelines.

4) I/We accept and assume such risks and responsibility for the loss and/ or damages following such injuries however caused. I take full responsibility for all payments of medical expenses and/or legal fees that may occur as a result of participation in said activity. I understand that violation of the club safety regulations may result in the dismissal of me/my child/children from the program and facility.

5) I/WE HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE USA GYMNASTICS, it's member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leases of the premises used to conduct the events, each of them their officers, directors, agents, employees, all of which are referred to as "Releases", from all liability to the undersigned, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses and damages on account of an injury, caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise.

6) On behalf of the participant and individually, the undersigned parents and or legal guardians for the minor participant execute this waiver and release. If despite this release, the participant makes a claim against any of the (Releases) the parents and or legal guardians will reimburse the "Releases" and their insuring company for any money which they have paid to the participant or on his/her behalf, and hold them harmless.

7) I/We agree that this Waiver and Release Agreement covers each and every practice and event sponsored by USAG, and or it's member clubs fully understand that the "Releases" are released as to each and every activity and event.

8) I/We have read the above waiver and release, understand that I /We give up substantial rights by signing it and sign it voluntarily.

#### **Tumbletown Photo Release**

I hereby give my child permission to be photographed at Tumbletown for individual and team pictures to be used for promotional purposes.

#### **Tumbletown Medical Release**

I hereby authorize Tumbletown Gymnastics to secure medical attention in the event of an emergency when neither parent or guardian can be reached.

**Institution:    Tumbletown Gymnastics Inc. Locations Mount Vernon, White Plains.**