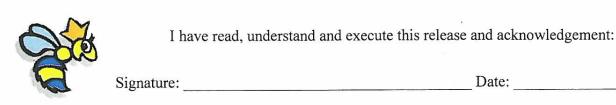
Registration Form

Student's Name:		D.O.B:	
Billing Address:		City:	
Zip Code:	Phone:	School:	
Mother:	Work:	Cell:	1
Father:	Work:	Cell:	
Emergency Con	Emergency Contact:		

Medical Release and Policy Acknowledgement

- * I, the parent or legal guardian of the above named student hereafter referred to as "student," do hereby permit the "student," to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student with "Woodland's Tumble Bugs." By granting permission for "student" to participate in programs with "Woodlands Tumble Bugs," I assume full responsibility for "student's," personal safety and I release "Woodlands Tumble Bugs," its supervisors and employees from any and all liabilities that may arise with "Woodlands Tumble Bugs," or in which "Woodlands Tumble Bugs," is participating elsewhere.
- * I understand that there is a personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability, or death.
- * I declare the "student," has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading and tumbling.



Date:			
Date:			