

Woodlands Tumble Bugs

Registration Form

Student's Name: _____ D.O.B: _____

Billing Address: _____ City: _____

Zip Code: _____ Phone: _____ School: _____

Mother: _____ Work: _____ Cell: _____

Father: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

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.

I have read, understand and execute this release and acknowledgement:

Signature: _____ Date: _____

