

# The Tumble Club

2393 SW Wilshire Blvd., Burleson, TX 76028—817-426-5624

## Program Registration Form

### ATHLETE INFO:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Female/Male Birth date \_\_\_\_\_ Grade Level \_\_\_\_\_

### MOTHER & FATHER INFO: (OR PRIMARY GUARDIAN)

First & Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
DL #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

Referral: who \_\_\_\_\_  
 Newspaper/ AD  Drive By  Other: \_\_\_\_\_

### PROGRAM INFORMATION: Start Date: \_\_\_\_\_

- 1) Class name \_\_\_\_\_ Day Attending \_\_\_\_\_  
Time Attending \_\_\_\_\_
- 2) Class Name \_\_\_\_\_ Day Attending \_\_\_\_\_  
Time Attending \_\_\_\_\_
- 3) Class Name \_\_\_\_\_ Day Attending \_\_\_\_\_  
Time Attending \_\_\_\_\_

From time to time, TTC will place action photos of the athletes on our website, advertising and/or in the local paper. Please provide your signature giving your consent for TTC to use your child's action photos.

**YES**, I give my consent: \_\_\_\_\_

**NO**, do not use my child's photos: \_\_\_\_\_

**Payment Information:** tuition is due the 1<sup>st</sup> of every month and is late if paid after the 8<sup>th</sup> of every month. There is a \$10 late fee applied to those payments received after the 8<sup>th</sup>. For any returned checks, there is a \$25 returned check fee. Make every check payable to The Tumble Club or TTC.

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Personnel Use Only:    Reg:                      Tuition:                      Emp. Initials:

# DUAL RELEASE OF LIABILITY WAIVER

Name of child participant (if under 18): \_\_\_\_\_

Birthday: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Emergency: \_\_\_\_\_

## Minor Release

\_\_\_\_\_  
Name of Parent/Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **TTC REQUIRES THE FOLLOWING INFORMATION IN ORDER TO ASSIST US IN PROVIDING THE BEST POSSIBLE PROGRAM FOR YOUR CHILD. PLEASE READ CAREFULLY.**

- 1) Does the participant have any medical, mental, or physical condition(s) that, for safety reasons, should be disclosed? No\_\_\_ Yes\_\_\_ If yes, please ask for a supplementary forms at the office that will help you describe the condition(s).
- 2) Has the participant ever had an injury requiring ongoing medical attention? No\_\_\_ Yes\_\_\_
- 3) Any recent surgery that, for safety reasons, should be disclosed? No\_\_\_ Yes\_\_\_

**BY SUBMITTING THIS FORM, I ACKNOWLEDGE:** 1) That I am aware that there are risk associated with gymnastics/cheerleading 2) That the participant named on this form is physically fit to participate in gymnastics, cheerleading or dance; 3) That the information on this form may be used for The Tumble Club's use in the delivery of a gymnastics, cheerleading, and/or dance program; 4) that The Tumble Club has tried to create safe and controlled environment for participants; 5) that TTC has established rules for participation that must be followed by the participant; 6) That favor to comply with any of the policies and rules of TTC may result in suspension or termination of membership. I declare 1) that I have accurately disclosed all information regarding physical, mental, or medical condition(s) affecting the named participant; 2) That it is my responsibility to ensure that the information on this form is kept current and will notify TTC of any changes immediately. I hereby give my permission for emergency medical treatment to be administered to my child/self, as may be determined by responsible discretion of his/her/my coach/manager. Adults 18 or older- I hereby waive my rights to damages or other costs in the event of injury due to participation or other involvement with TTC.

**Signature of Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_