



# Student Information Form

Student's Name \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_ Additional Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency contacts in case parents/guardians cannot be reached:

Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Any allergies or intolerance to drugs or medications the staff should be aware of?

\_\_\_\_\_

Any previous injury, illness, or condition the staff should be aware of?

\_\_\_\_\_

If so, are there any precautions or restrictions? \_\_\_\_\_

\_\_\_\_\_

How did you hear about TUMBLEMANIA? \_\_\_\_\_

\_\_\_\_\_

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### **For office use only:**

Reg. Fee \_\_\_\_ Mon. Fee \_\_\_\_ Cash \_\_\_\_ CK# \_\_\_\_ Credit \_\_\_\_

Trial Class Attended \_\_\_\_\_

Trial Class Date \_\_\_\_\_

### Student Registration Checklist

Payment Date: \_\_\_\_\_

\_\_\_ Payment ledger

\_\_\_ Registration renewal list

\_\_\_ Birthday list

\_\_\_ Name tag for charts

\_\_\_ Attendance book

## Club Waiver and Release Form

*Please read the following carefully and sign on the designated lines.*

*Note: Parent signs if student is under 18 years.*

I fully understand that TUMBLEMANIA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the TUMBLEMANIA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the TUMBLEMANIA staff to call our doctor and to seek medical help, including transportation by a TUMBLEMANIA staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the TUMBLEMANIA staff deem this to be necessary.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

We, the staff of TUMBLEMANIA recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline & tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Trampoline & Tumbling, Cheerleading, and Dance can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instructions.

TUMBLEMANIA, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline & tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by TUMBLEMANIA. I, my executives or other representatives, waive and release all rights and claims for damages that I or my child may have against TUMBLEMANIA and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. TUMBLEMANIA will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_