

# 2018 TUMBLEFUN GYMNASTICS CAMP REGISTRATION

## STUDENT INFORMATION

Child's Name \_\_\_\_\_ F\_M\_ Home Phone ( ) \_\_\_\_\_  
 Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School (if any) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ ( ) \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Does the student have any known allergies, medical conditions, or limitations? \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
June 11 - 15	Am Camp Only	Am Camp Only	Am Camp Only	Am Camp Only	Am Camp Only
June 18 - 22					
June 25 - 29					
July 2 - 6		<b>AM CAMP ONLY</b>	<b>CLOSED</b>		
July 9 - 13					
July 16 - 20					
July 23 - 27					
July 30 - Aug 3					
August 6 - 10					
August 13 - 17					
August 20 - 24					

Please note whether your child will attend **AM** (9:15-12:00), **PM** (12:45-3:30), **Skill Specific Clinics** ( Mon. Wed. & Fri. 12:45-3:30), **Ninja Camp** (Tues & Thurs. 12:45-3:30) or **FULL DAY** (please pack a **nut free lunch** for your child 9:15-3:30)  
 The cost is \$35 per half day or \$65 for a full day. Thank you!

**Acknowledgement of Risk and Waiver Liability**

As the parents of \_\_\_\_\_, we hereby give permission for our child to participate in programs at Tumblefun Gymnastics, LLC. We recognize that gymnastics is a sport that involves height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against TumbleFun Gymnastics, LLC and it's owners, staff, and instructors for any liabilities, loss, cost, damage, medical expense, long-term care, or emotional distress arising out of any personal injury, including total disability, paralysis, and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control, of TumbleFun Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Tumblefun Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency. I hereby grant consent and authorize the use of photographs, slides, videotapes, and film of my child participating in TFG activities that will promote TFG programs, and recognition of participants.

We have read and understand all the above and agree to the above terms, including the waiver of liability.

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

