



1849 Ocean Street
 Marshfield, MA 02050
 781-837-9895

Email: Staff@TumbleFunGymnastics.com
 Website: www.TumbleFunGymnastics.com

Tumblefun Gymnastics

AUGUST Registration

Child's Name:	M/F	Age:	D.O.B:
Child's Name:	M/F	Age:	D.O.B:
Address:	City/Town:		Zip:
Mother's Name:	Cell:	Email:	
Father's Name:	Cell:	Email:	
Home Phone:	Emergency Contact Name:		Contact #:
Any allergies, physical limitations, or concerns we should be aware of:			
Will they bring an Epi-pen: Yes / No			

August Sessions
 AM Half Day Sessions: Mon. - Fri. 9:30-12:00
 PM Half Day Sessions: Wed. & Thurs. 12:30-3:00
 Ninja Session: Tues. 12:30-3:00

Pick and choose days - Fun & Flexible
 Potty Trained & Up
 \$35 per day

	9:30-12:00 AM	12:30-3:00 PM	12:30-3:00 Ninja	Total Due	AMOUNT PAID	BALANCE DUE
Aug. 3rd - 7th	M T W TH F	W TH	T			
Aug. 10th- 14th	M T W TH F	W TH	T			
Aug. 17th-21st	M T W TH F	W TH	T			
Aug. 24th-28th	M T W TH F	W TH	T			

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 its 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 _____