Tumbling of WNY Inc.

Registration form

Email: tumblingofwny@gmail.com
Website: www.tumblingofwny.com

Athletes's Last Name:_____ First Name:_____

Age:___ Date of Birth:_____ Mom's Name:_____

Dad's Name:_____ School:_____

Address:_____

City: _____ Zip Code:_____

Home Phone:_____ Emergency #:_____

Emergency name:_____
E-mail:_____

Are there any limitations that would make it difficult for the instructors to teach your child ? YES NO

If yes please
explain:_____

My child and/or I are aware that participating in the sport of gymnastics/cheerleading and or tumbling is a potentially dangerous activity. I assume all risks on behalf of my child associated with the participation in this sport, including, but not limited to, falls, contact with other persons and other reasonable risk conditions of this sport. All such risks to my child are known & understood by me. I understand this informed consent and have read the rules & policies, and agree to their conditions on behalf of my child. With the above in mind & being fully aware of the risks & possibility of injury involved, I consent to have my child(ren) participate in the programs offered by Tumbling of WNY, Inc and Flips Gymnastics & Sport, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Tumbling of WNY, Inc and Flips Gymnastics & Sport, LLC and/or its representatives whether paid or volunteer. If this account is referred to an outside collection agent or lawyer I am responsible for all additional fees.

Medical Insurer:_____

Parent's Signature:_____Date:_____