

Registration Form and Waiver

TUMBLETOWN GYMNASIICS

Please Print
Name _____ / _____ / _____
First Last Age DOB

SCHOOL _____ **GRADE** _____ **COACH** _____

TEAM (CHECK ONE) _____ **JV** _____ **VAR** _____ **MODIFIED** _____ **FRESHMAN** _____ **BIDDIES** _____ **GIDGETS** _____

_____ **NO TEAM AFFILIATION** _____ **NAME OF OTHER NOT LISTED** _____

TRYING OUT FOR _____

ADDRESS _____ **TOWN** _____

ZIP _____ **EMAIL** _____

PHONE _____ / _____
DAY EVE

CELL _____ / _____
PAGER

PARENT'S FULL NAMES _____
PRINTED

PARENT'S SIGNATURE _____ **DATE** _____

I have read and understand the Rules and Policies, Schedule, Fees, and read the Waiver/Release on reverse. I understand that there are no refunds or credits. I understand that all classes must be taken in the session registered for. I permit my child to participate in the Tumbling Program. In the event of a medical emergency, and all attempts to reach me have been made, I hereby release the agents of Tumbletown Gymnastics Inc. or Omni Fitness to consent (sign) on my behalf and secure treatment by a physician.

Please fill in the information for the session that you are registering for. REMEMBER TO INCLUDE THE REGISTRATION FEE FOR THIS SCHOOL YEAR! Attach your payment securely to this form. Do Not Send Payments To Omni!!!!!! There are no refunds. Thank You!



Make checks payable to Tumbletown and submit to your cheerleading coach.				
Registration Fee \$35	Date _____	Check# _____	Amount _____	
Fall Session 1	Date _____	Check# _____	Amount _____	Day/Time _____
Tue/Wed/Thu/Fri \$210				
Mon/Sat \$190				
(Reg. Fee Included)				
Fall Session 2	Date _____	Check# _____	Amount _____	Day/Time _____
Winter Session 3	Date _____	Check # _____	Amount _____	Day/Time _____
Spring Session 4	Date _____	Check# _____	Amount _____	Day/Time _____
Mini Session Aug 5	Date _____	Check# _____	Amount _____	Day/Time _____

TUMBLETOWN GYMNASTICS

THIS FORM MUST BE SIGNED AND RETURNED TO PARTICIPATE IN GYMNASTIC ACTIVITY. USA GYMNASTICS FEDERATION MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

1) In consideration of membership in the United States Gymnastics Federation, herein referred to as the USAG and being allowed to participate in USAG events and or member club activities, the parents and or legal guardian(s) of the minor participant listed below fully understand and agree:

- A) There are several risks and dangers associated with participation in gymnastic and acrobatic activities not limited to those of bodily injury, partial or total disability, and paralysis.
- B) The social and economic losses and or damages, which could result from those risks, and dangers listed above could be severe;
- C) There may be other risks not known to us or are not reasonably foreseeable at this time.

2) Participants and guardians should inspect the premises and equipment to be used, and if he or she believes anything is unsafe should immediately advise the instructor of such condition and refuse to participate.

3) Participants shall be instructed to and carefully review and follow USAG Guidelines.

4) I/We accept and assume such risks and responsibility for the loss and/ or damages following such injuries however caused.

5) I/WE HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE USA GYMNASTICS, its member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leases of the premises used to conduct the events, each of them their officers, directors, agents, employees, all of which are referred to as "Releases", from all liability to the undersigned, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses and damages on account of an injury, caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise.

6) On behalf of the participant and individually, the undersigned parent(s) and or legal guardians for the minor participant execute this waiver and release. If despite this release, the participant makes a claim against any of the (Releases) the parents and or legal guardians will reimburse the "Releases" and their insuring company for any money which they have paid to the participant or on his/her behalf, and hold them harmless.

7) I/We agree that this Waiver and Release Agreement covers each and every practice and event sponsored by USAG, and or its member clubs fully understand that the "Releases" are released as to each and every activity and event.

8) I/We have read the above waiver and release, understand that I /We give up substantial rights by signing it and sign it voluntarily.

Tumbletown Photo Release

I hereby give my child permission to be photographed at Tumbletown for individual and team pictures to be used for promotional purposes.

Tumbletown Medical Release

I hereby authorize Tumbletown Gymnastics to secure medical attention in the event of an emergency when neither parent or guardian can be reached.

Institution

Tumbletown Gymnastics Inc @ Omni Fitness Complex
872 Pelham Parkway
Pelham Manor, New York 10803