

# TUMBLE TYKES GYMNASTICS

## INFORMATION SHEET

Student Name 1<sup>st</sup> Child \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_

First Name Last Name

Student Name 2<sup>nd</sup> Child \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Parent Name \_\_\_\_\_

First Name

Last Name

Parent Occupation \_\_\_\_\_

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

Parent Cell # \_\_\_\_\_

2<sup>nd</sup> Parent Name \_\_\_\_\_

First Name

Last Name

2<sup>nd</sup> Parent Occupation \_\_\_\_\_

2<sup>nd</sup> Parent Work Phone # \_\_\_\_\_

2<sup>nd</sup> Parent Cell # \_\_\_\_\_

EMERGENCY CONTACT (Person to call if we are unable to reach you)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

PHYSICAL STATUS: Is there anything we should know about your child's health? Does he/she have LIMITATIONS? Please Explain. \_\_\_\_\_

Student Medical Insurance Company \_\_\_\_\_ Your child **MUST** have medical insurance in order to participate in classes at Tumble Tykes.

## ASSUMPTION OF RISK

I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining, and exercise.

I understand that catastrophic injury, paralysis, or even death can result from improper conduct of the activity. I hereby consent to my child(ren) participating in activities on equipment owned and/or used by Tumble Tykes. This also includes all outside furnishings before and after classes have finished. Tumble Tykes is not responsible for children showing improper conduct on our outside furniture during these unsupervised times.

I hereby agree that I, for myself, and my child(ren) adopted or otherwise, my heirs and executors, hold harmless, waive and release any and all rights and claims for damages against Tumble Tykes, its officers, directors, shareholders, agents, representatives, attorneys, employees, owners, successors, assigns and others who might be responsible for its conduct.

I understand that in the event my child sustains an injury at Tumble Tykes, that Tumble Tykes may furnish first aid care, including but not limited to, transportation of my child to a medical facility where definitive medical care and attention may be provided. I agree to be responsible for all cost and expense of said medical care. I understand that furnishing of such medical care is in no way an admission of, or assumption of liability on part of Tumble Tykes.

I declare that I read and understand the content and meaning of the said form and understand that this is a **FULL RELEASE OF LIABILITY** and a contract between myself in my capacity as a parent and/or legal guardian of my minor child and Tumble Tykes, and I sign this document of my own free will.

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Parent/ Guardian Name – PRINT

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Parent/ Guardian Signature

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Student(s) Name

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Today's Date

Tumble Tykes Gymnastics  
PHONE#: (818) 668- 4287  
E-Mail: [Tumbletykesgymnstics@gmail.com](mailto:Tumbletykesgymnstics@gmail.com)