



CAMP REGISTRATION FORM

CHILD'S NAME & DATE OF BIRTH _____

PARENT OR GUARDIAN _____

CONTACT PHONE _____

EMERGENCY CONTACT INFO _____

EMAIL _____

ALLERGIES _____

Would you prefer contact via email or text or both? _____

PEDIATRICIAN CONTACT INFO: _____

HOW DID YOU HEAR ABOUT TUMBLING TUNES?

Can we use your child's photo for our Facebook page? _____

TUMBLING TUNES WAIVER & RELEASE OF LIABILITY

DISCLAIMER: TUMBLING TUNES IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, PARTICIPATING IN EXTENDED GYM, SPECIAL EVENTS, BIRTHDAY PARTIES, CAMP OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS OR OTHER ACTIVITIES AT TUMBLING TUNES OR AT OFF PREMISE TUMBLING TUNES CLASSES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TUMBLING TUNES, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of the child's participation, I hereby release and covenant not to sue Tumbling Tunes., the Tumbling Tunes officers, or any of Tumbling Tunes' employees, teachers, coaches or agents from any and all present and future claims resulting from ordinary negligence of Tumbling Tunes or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, or any other activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my child, my family, estate, heirs or assigns.

Further, I am aware that gymnastics is a vigorous sporting activity involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs and that the mats, pits and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including conditioning, stretching and other activities which may leave my child vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved and on behalf of the child, hereby agree to accept my and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless Tumbling Tunes and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Tumbling Tunes activities or any activities incidental thereto, whenever, wherever or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of New York.

I affirm that I am a parent or legal guardian of the child and that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me of the child for the ordinary negligence of Tumbling Tunes or any person listed above.

Child's Name _____

Parent or Caregiver's Signature & Date _____

AUTHORIZATION TO PICK UP A CHILD FROM TUMBLING TUNES/ACTIVE KIDS

Name of
Child(ren): _____

I hereby inform Tumbling Tunes/Active Kids that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, Tumbling Tunes/Active Kids is hereby instructed to release my child(ren) into the care of the following people whenever they come to Tumbling Tunes/Active Kids

AUTHORIZED PICK-UP PERSON:

Name: Relationship to Child: Phone Number:

1. _____

2. _____

3. _____

I understand that:

- 1) Parents/guardians must inform Tumbling Tunes/Active Kids of the name of the person who is picking up their child on any day when they or any of the above listed contacts will not be picking up.
- 2) The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.
- 3) This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian

Signature

Date

Tumbling Tunes Health Policy and Consent

I agree not to send my child into Tumbling Tunes if they are ill or have had a fever within the last 24 hours.

In the event of the following cases, Tumbling Tunes will act as follows:

Illness – Parents will be called to come for the child, or if a parent cannot be reached, the emergency contact will be called.

Minor Accidents – Parents will be contacted and medical attention will be given. If parents cannot be contacted, the emergency contact will be called.

Emergencies – Parents will be notified and medical attention will be given. If parents or the emergency contact cannot be reached, The East Northport Fire Department will be called. If a hospital visit is necessary, a teacher or the director will accompany with the signed emergency medical agreement.

I HAVE READ THE HEALTH POLICY AND AGREE TO THE ITEMS SPECIFIED ABOVE.

Child's Name: _____

Parent's Signature and Date:

Print Name: _____

Emergency Contact & Phone Number: _____
