



TUMBLE TYKES

Information Sheet

Student Name 1st Child _____ D.O.B ___/___/___

First Name Last Name

Student Name 2nd 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 Parent Name _____

First Name Last Name

2 Parent Occupation _____

2 Parent Work Phone# _____

2 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 _____

Students 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.

I hereby agree that I, for myself, 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.

Parent/Guardian Name-PRINT

Parent/Guardian Signature

Students(s) Name

Today's Date

Tumble Tykes 20855 Ventura Blvd.#5 Woodland Hills, Ca 91364

PHONE#(818) 888-7604

E-mail Tumbletykesgymnastics@gmail.com