

SpringTime Tumbling & Trampoline

Student's Last Name	Student's First Name	Age	DOB	Gender
	1			
	2			
	3			
	4			
Address	City State Zip	Home Phone		
Mother's Name	Cell Phone	Work Phone		
Father's Name	Cell Phone	Work Phone		
Emergency Contact	Emergency Phone	Medical Conditions		

Club Waiver and Release Form

I fully understand that Tumbling and Trampoline staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Tumbling and Trampoline staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Tumbling and Trampoline staff to call our doctor and to seek medical help, including transportation by a Tumbling and Trampoline staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Tumbling and Trampoline staff deem this to be necessary.

We, the staff of Tumbling and Trampoline recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading, can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The Tumbling and Trampoline, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, instruction, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility on injury involved, I consent to have my child or children participate in the programs offered by Tumbling and Trampoline. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Tumbling and Trampoline and / or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Tumbling and Trampoline will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent / Guardian Signature: _____ Date: _____