

Tumbleweeds Gymnastics

Enrollment Application

Please print this enrollment form and fill it out. You can then bring in the form with your deposit of \$30.00 (Cash or Check only) or mail it to Tumbleweeds Gymnastics, 3185 Parkway Dr., Melbourne 32934.

Please Make Checks Payable to: Tumbleweeds Gymnastics

OFFICE USE ONLY

Registration Fee: _____

Registration Date: ____/____/____

M	T	W	TH	F	S
GYM _____					

Please Print Information Below

Child's Name _____

Mother's Name _____

Father's Name _____

Address _____

City _____ Zip _____

Home Phone _____

Mother's Cell Phone _____

Father's Cell Phone _____

Child's Age _____ Date of Birth _____

E-mail _____

How did you hear about us? _____

Parent or Legal Guardian's Signature _____

Date	Balance	Amount Paid	Ck#



Acknowledgement of Health/Medical, Risk and Liability Waiver
Health and Medical

My child has been examined by a physician within the last 6 months, is relatively in good health, and is able to participate in a full gymnastics program. For the benefit of your child, please list any medical conditions that may affect your Childs safety and performance (e.g. allergies, asthma, seizures, heart ailments, physical or mental conditions).

NONE _____ LIST CONDITIONS _____

Risk and Liability

According to the United States Gymnastics Federation, the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the instructor are, no matter how many spotters used, the risk of injury cannot be eliminated. The risk of injury, includes minor injuries such as bruises, and muscle pulls, potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading and dance. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Tumbleweeds Gymnastics programs and accept all risks associated with that participation.

Signature _____ Date: _____