

TUMBLEWEEDS GYMNASTICS  
ENROLLMENT APPLICATION

M	T	W	TH	F	S
Gym			Dance		

OFFICE USE ONLY

Childs Name \_\_\_\_\_

Parent's Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child's Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Reg. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date	Beg Bal	Paid	Ch#

**ACKNOWLEDMENT OF HEALTH/MEDICAL, RISK AND LIABILITY WAIVER**

**Health and Medical**

My child has been examined by a physician within the last six months, is in relatively good health, and able to participate in a full gymnastics program. For the benefit of your child, please list any medical conditions that may affect your child's safety and performance (e.g. allergies, asthma, seizure, 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 of 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 \_\_\_\_\_