



# Tumble Time Camps

Summer Camp, Non-school Days, Track Break

208-375-0063



## Camp Registration

Parent Name \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Mom's Work # \_\_\_\_\_

Parent Name \_\_\_\_\_

Dad's Cell # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Email \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

During camp we like to send out reminders for swim days, needed craft items, or a change in schedule.

How would you like to receive these announcements?

Text Message  Email  Facebook  Voice Mail  All

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Cell # \_\_\_\_\_

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

### PLEASE CHECK THE BOX FOR THE CAMPS YOUR CHILD WILL ATTEND

Track Break March  Spring Break  Track Break November

Holiday Camps  Non-School Days

**A 2-week notice is required for canceling or changing camp days or you will still be charged for the day. During summer camp, a 4 week notice is required for canceling or changing camp days or you will still be charged for the days.**

## Permission for Transportation

I \_\_\_\_\_ give my child or children \_\_\_\_\_  
permission to be transported to and from Tumble Time Gymnastics in a Tumble Time Vehicle.

Parent / Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_



*RELEASE OF LIABILITY*

**Tumble Time Gymnastics, L.L.C**

I understand participating in a Tumble Time Gymnastics program, the participant will be involved in many activities intended to challenge and advance their motor skill and social development, including physical exercise and activities involving physical interaction with others. I understand that Tumble Time Gymnastics, Inc and it's employees cannot provide any guarantee that the participant will not be injured in the course of these activities. I further understand that Tumble Time Gymnastics, Inc. cannot provide any assurance that the participant will achieve a particular benchmark of progress. I hereby recognize and assume the foregoing risks.

As partial consideration for the enrollment in a Tumble Time Gymnastics program, I hereby, for myself, each member of my family, my and their heirs, administrators, and directors, staff, and employees from all claims, demands, actions and causes of action of any sort, for any injury sustained and/or property, including the loss of theft of property, while participating in, preparing to participate in, and following participation in programs and activities offered by Tumble Time Gymnastic, Inc.

I represent that all of the reference to "the participant" in this release are intended to refer to the person whose name and age are entered hereunder and I hereby further represent that I have full authority to authorize participation in Tumble Time Gymnastics programs and activities without the consent or approval of any other person or organization. I hereby agree to indemnify and hold Tumble Time Gymnastics, Inc. and its agents, officers, directors, staff, and employees harmless from cost, loss, liability or it's expense arising out of or in any way related to the injury or death as a result of participation in Tumble Gymnastics, Inc's programs or staff and employees who transports my child, accompanies my child, myself, or otherwise assists my child in participating in Tumble Time Gymnastics activities and programs.

PARENTS: Please be advised that any activity involving motion or height creates the possibility of accidental injury and even death. Parents assume all responsibility for any injury or death to participation in these activities.

If me or my child requires emergency care, I hereby authorize Tumble Time Gymnastics, Inc. it's officers, staff and employees to obtain care and treatment without further authorization.

**Tumble Time Gymnastics Photo Release:**

By signing this, I consent to and authorize the use and reproduction, without compensation, of any and all photographs and other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

(PRINT Participant Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

(PRINT Participant Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

(PRINT Guardian/ Participant Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

I have read and understand and agree to the terms. I have signed this release.

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

Relation to participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event of an emergency, if I cannot be reached please contact

Name: \_\_\_\_\_ Phone # \_\_\_\_\_