

All-Star Tumbling Gymnastics Registration Form
(please complete one form per child)

This form along with the rules and policies form must be completely filled out and sent in with the registration fee, first session's tuition, and the class uniform fee. Incomplete forms and forms sent in without full payment will not be processed. Enrollment is based on a first-come, first-served basis. For questions, please contact the Gymnastics Director at 678-596-7902; info@allstartumbling.org.

Student's Name _____ Age _____ D.O.B. ____/____/____ School _____

Billing Address _____ City _____ State ____ Zip _____

Parent Name _____ Cell Phone _____ Work Phone _____

Parent Name _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Relationship to Child _____ Work Phone _____

Name of Primary Medical insurance _____ Policy Number _____

Primary E-Mail Address _____ Child's T-Shirt Size: _____

Medical Treatment Release

I fully understand that the All-Star Tumbling staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize the All-Star tumbling staff to render temporary first aid to my child in the event of injury or illness, and if deemed necessary by the All-Star Tumbling staff to seek medical attention, including transportation by All-Star Tumbling staff member and or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or the calling of an ambulance for said child should the All-Star Tumbling staff deem this to be necessary. I also understand that I am responsible for all medical expenses, and to carry primary accident insurance on my child.

Parent Signature _____ Date _____

Assumption of Risk & Waiver of Liability

We, the staff of All-Star Tumbling recognize our obligation to make our students and their parents aware of the risks and hazards associated with gymnastics and fitness activities. Gymnastics and fitness activities can be dangerous and can lead to minor injuries, major injuries, catastrophic injuries, death or damage to myself or my child, property, or to third parties. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions.

As legal guardian of, _____, I recognize that gymnastics and fitness activities can be dangerous and can potentially lead to severe injuries, including catastrophic injuries, paralysis or death. All-Star Tumbling, their agents, owners, and officers, employees, and all other persons or entities acting in any capacity on their behalf, will not accept responsibility for injuries, or damages sustained by any student during the course of gymnastics instruction, open workouts, exhibitions, or clinics in which she may participate in or while traveling to or from All-Star tumbling events.

As the legal parent or guardian of my child. I hereby verify by signature below that I fully understand and accept each of the above conditions for permitting my child to participate in programs conducted by All-Star Tumbling and I further state that MY CHILD IS IN PROPER PHYSICAL AND MENTAL CONDITION TO PARTICIPATE IN GYMNASTICS AND FITNESS ACTIVITIES.

Printed Name of Parent _____ Signature of Parent _____