



Class Attending: _____ Date: _____

Child's Name: _____ DOB: _____

MEDICAL INFO

Medical Conditions: _____

Medications being taken: _____

Allergies: _____

AUTHORIZATION & RELEASE

I authorize Adrenaline Tumble and Cheer to render necessary medical treatment for my child when I cannot be reached and will assume all financial responsibility for such treatment.

I authorize my child to participate in the activity at Adrenaline Tumble and Cheer and understand and acknowledge that the activity, by its very nature, poses the potential risk of serious or permanent injury to those who participate. I release, forever discharge, and agree to hold harmless Adrenaline Tumble and Cheer from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or any way connected with my child's participation in the related activity.

Parent/Guardian's Name: _____ Date: _____

Phone #: _____ Email: _____

Parent/Guardian's Signature: _____