



Registration Form Part 1 of 2

The Shoppes at 315
1574 Highway 315
Plains Township, PA 18702
570-472-4556
www.gotskillztumblegym.com

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Contact#2 Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Health Insurance Carrier: _____ **Policy Number:** _____

Primary Doctor: _____ **Phone Number:** _____

Hospital (Where to be taken in case of Emergency): _____

Student Name: _____

Circle One: Male or Female Date of Birth: _____

Disabilities: _____

Allergies: _____

Medications: _____

Any Additional Info To Declare: _____

Payment:

All Registration Fees and Tuition must be paid in advance and are non-refundable. All request for refunds will not be granted.

Photos:

The Got Skillz Tumble Gym reserves the right to use any photos or videos taken during the program without compensation to any individual.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Waiver and Release of Liability of Got Skillz Tumble Gym

Part 2 of 2

GOT SKILLZ TUMBLE GYM IS NOT RESPONSIBLE FOR ANY LIABILITY IN THE EVENT OF INJURY OR ACCIDENT.

Because tumbling is an activity that involves height and rotation, the risk of catastrophic injury in tumbling includes the potential for permanent paralysis and death. While safety rules, certain equipment, and discipline may reduce the risk, the risk of serious injury or death still exists. Upon enrollment I/We both knowingly and freely accept and assume such risks, both known and unknown. My child's participation is strictly voluntary, and my child and I are fully aware of the potential for injury.

I/We, for my child, for myself, and on behalf of any relatives or heirs, or the next of kin, hereby release and hold harmless from liability, the Got Skillz Tumble Gym, its owner(s), its company, its corporation, officers, agents, employees, volunteers, other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct tumbling or other activities sponsored by Got Skillz Tumble Gym with respect to any and all injury, disability, death, or loss or damage or property, whether arising from inherent risks or from the ordinary negligence of the releasees mentioned above or otherwise.

I/We give permission for a Got Skillz Tumble Gym staff member to administer first aid in cases of minor injuries, and in cases of severe injury until trained medical personnel can be reached. I authorize a Got Skillz Tumble Gym staff member to give permission for emergency medical treatment if qualified medical personnel consider treatment necessary. This emergency medical treatment authorization is granted only if a parent or guardian can not be reached and a reasonable effort has been made to do so.

I/We swear my child is in good physical and mental health and has no disease of injury that would interfere with full participation in all tumbling activity or any related activity such as, but not limited to, aerobic, flexibility, dance, strength, weight training, stunting, cheerleading activities, and other conditioning exercises.

I/We will inform Got Skillz Tumble Gym, in writing, of any changes, additions, or deletions of any information contained on these pages, including but not limited to changes of address, phone number, health insurance, medical conditions, etc.

I/We will keep informed of all Rules and Regulations or changes thereto, and any other pertinent information by reading all notices that are posted in the parent room bulletin board.

I/We have read this Waiver and Release of Liability, fully understand the potential for injury or death, have read and discussed this with our child in age-appropriate language. We accept the risk involved.

Having accepted the risks and being fully aware of the potential for serious injury. I/We give permission for our child to participate in tumbling classes at Got Skillz Tumble Gym. In consideration for participation in tumbling or related activity, I/We agree not to sue and to hold harmless the Got Skillz Tumble Gym and all others mentioned in this document, for any injury or resulting death from an inherent risk or from ordinary negligence for now and forever in the future.

If any of this agreement is held void, this will have no effect upon the remainder of the agreement.

Both Parents Must Sign for Participants

Mothers Signature: _____ Print Full Name: _____
(Legal Guardian)

Date: _____ Home Phone: _____ Cell Phone: _____

Fathers Signature: _____ Print Full Name: _____
(Legal Guardian)

Date: _____ Home Phone: _____ Cell Phone: _____

If either of the above signatures is absent, please explain on the appropriate signature line.

Emergency contact other than above: i.e. Grandparent, Relative, Friend

Name: _____ Phone: _____

