

BIRTHDAY PARTY/TUMBLING CLASSES REGISTRATION FORM

Student's Name : _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

Billing E-mail Address:

Mother: _____ Cell: _____ Work Phone: _____

Father: _____ Cell: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Conditions/Allergies:

MEDICAL RELEASE AND POLICY/TUITION AGREEMENT

I/We, the parents of, hereby permit the named student to participate in gymnastics, tumbling, cheerleading or other physical activities while a student at Phantom Cheer by granting permission for said student to participate in programs at Phantom Cheer. I/We assume full responsibility for said student's personal safety and release Phantom Cheer, its' supervisors and employees from any and all liabilities that may arise due to any injury to said student by reason of said student's participation in any activity at Phantom Cheer or in which Phantom Cheer is participating elsewhere.

I/We understand that there is personal risk involved in any activity that involves motion, height rotation and that these activities can result in serious injury, disability or death.

I/We declare that this student has been seen by a registered physician and has been cleared to participate in physical activity such as gymnastics, tumbling, or cheerleading.

I/We have read this medical release/waiver and fully understand and execute its contents as stated.

I/We understand tuition payments are due on the 1st of the month. All tuition payments received after the 7th of the month will have a \$20 late fee assessed. This fee will apply to everyone.

I have read, understand and execute this medical release and policy/tuition agreement.

Parent signature

Date

Witness

Participant's signature

Date

Witness