

Prime Time Tumbling Inc.  
Registration Form

<i>Office use only</i> Reg paid ___/___/___ Signed: _____
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Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Briefly list any tumbling experience if any: (*Experience not required*)

\_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Please list any relevant medical conditions or allergies: \_\_\_\_\_

Where did you hear about Prime Time Tumbling? \_\_\_\_\_

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Prime Time Tumbling Inc. uses its participant's images for advertisements such as brochures, website and other publications. Please check and initial the box below if you would not like your child's images to be used for Prime Time Tumbling Inc.

\_\_\_\_\_

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Liability/ Medical Treatment

*I am fully aware that any activity involving motion or height creates the possibility of injury. I further agree to hold any instructors/Prime Time Tumbling inc. harmless for any injury or resulting expenses. All instructors have been trained to provide a safe learning atmosphere and cannot assume responsibility for accidents that may occur. I hereby give permission for instructors or class administrator to arrange for emergency medical treatment in the event of an injury. **I have read the Safety Information Sheet and I agree to follow all rules and regulations.***

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*There is a \$20 Registration fee due at the time of registration and is required before any class or lessons begin\*