

Student Name (1st child): _____ Birthday: _____
Age: _____ M / F Class Name / Day / Time: _____

Student Name (2nd child): _____ Birthday: _____
Age: _____ M / F Class Name / Day / Time: _____

Student Name (3rd child): _____ Birthday: _____
Age: _____ M / F Class Name / Day / Time: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____

Guardian # 1: _____
Relation: _____
Cell Phone: _____
Work Phone: _____

Guardian # 2: _____
Relation: _____
Cell Phone: _____
Work Phone: _____

Email: _____
***REQUIRED - We will be emailing important notices periodically**

Email: _____

Physician's Name: _____ Physician's Phone: _____

Medical Insurance Company: _____ Policy #: _____

Are there any medical conditions, allergies, disabilities, or limitations to which we should be alerted? _____

How did you learn about Technique? _____

Acknowledgement (required for participation)

*As a parent or legal guardian, I understand that registration in Technique Tumble & Cheer is dependent upon acceptance of the terms set forth on the Participation Agreement on the **reverse side** of this form.*

Parental Photo / Video Usage Waiver
By signing this waiver box, I agree to allow Technique Tumble & Cheer use and reproduction of photographs and digital images (photo and video) taken of the children listed above for purposes of marketing, internet marketing, public relations, and promotion. I understand that last names will **NOT** be used of any individuals.
Parent Signature _____
or _____ I would rather my child's image(s) not be used.

Signature of Parent of Legal Guardian

Today's Date

OVER >>>

Please list your student's t-shirt size -
CS (6-8), CM (8-10), CL (14-16), AS, AM, AL

Student: _____ T-shirt Size: _____

Student: _____ T-shirt Size: _____

Student: _____ T-shirt Size: _____

TECHNIQUE

TUMBLING & CHEER PREP

Participation Agreement

Technique Tumbling & Cheer Prep recognizing it is our obligation to make our students and their parents aware of the risks and hazards associated with the sports of tumbling, trampoline, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Tumbling, trampoline, and cheerleading can be dangerous and can lead to injury. While Technique Tumbling & Cheer Prep maintains safety rules, it is the parent's responsibility to warn the child about the dangers of tumbling, trampoline, cheerleading, and injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Therefore, in consideration of my child's membership at Technique Tumbling & Cheer Prep, and my child's participation in Technique Tumbling & Cheer Prep classes, events, and activities, I (parent/legal guardian), _____ agree to be bound by the following:

1. Eligibility: I agree to comply with the rules of Technique Tumbling & Cheer Prep.

2. Readiness to Participate: My child will only participate in those Technique Tumbling & Cheer Prep classes, events, competitions, and activities for which I believe he/she is physically and psychologically prepared.

3. Medical Attention: I hereby give my consent to Technique Tumbling & Cheer Prep to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

4. Waiver and Release: I am fully aware and understand that participation in the programs at Technique Tumbling & Cheer Prep involve motion, rotation, and height in a unique environment which carries risk of injury, including catastrophic injury, paralysis, and death, as well as other damages or losses associated in tumbling, trampoline, cheerleading, and other physical activities.

I further agree that Technique Tumbling & Cheer Prep, along with its employees, agents, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in the events, except where such loss or damage is a result of willful, wanton, or reckless conduct of one of the organizations or individuals listed above.

5. Medical Insurance: I agree and understand that as a participant of Technique Tumbling & Cheer Prep my child must be covered by a health/medical insurance obtained by myself. I represent that I and my child are covered by a primary health/medical/accident insurance through:

_____. I further understand that Technique Tumbling & Cheer Prep maintains insurance that is only secondary in nature for the purpose of covering claims not covered by my own primary insurance. I understand that this insurance does not cover co-payments or deductibles and that Technique Tumbling & Cheer Prep and/or their insurer will not liable to reimburse me for any co-payment or deductible.

6. Severability: In the event that any section or portion of this agreement shall be invalidated by legal declaration, it shall have no effect on the validity and legality of any other portion or section of this agreement not invalidated.

Acknowledgement

I, _____, give permission for _____ to participate in tumbling, trampoline, and cheerleading activity at Technique Tumbling & Cheer Prep.

As a parent or legal guardian, I hereby verify that by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover an injury sustained during participation at Technique Tumbling & Cheer Prep events and therefore agree to hold harmless Technique Tumbling & Cheer Prep for any such injury.

(Signature of Parent or Legal Guardian)

(Date)

All members need to provide a Credit/Debit Charge Authorization. You may still choose to pay by cash, check, or credit on your own; however, we must have the information on file in the case of past due account. Please designate when Technique Tumbling & Cheer Prep is allowed to use it.

Please use this information:

____ Each session for tuition payments OR ____ Only when my account is past due

** If you chose to use it each session, you will be charged two weeks before the start of each session.*

Athlete Name: _____ **Name on Account:** _____

Credit/Debit Card Charge Authorization Agreement:

Credit or Debit: _____ Card Type (no American Express): _____

Number: _____ Exp Date ____ / ____ Security Code _____

I hereby authorize Technique Tumbling & Cheer Prep to charge my credit/debit card for all services as specified above. I understand that my credit/debit card will continue to be charged for each session as long as my child remains enrolled. I agree to notify Technique Tumbling & Cheer Prep immediately of any change in the status of my charge account, including, but not limited to card expiration, name change, limitation of use, loss or theft of the card, etc..In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged, as well as any late charges incurred.

Parent Signature: _____