

TUMBLING REGISTRATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent E-Mail #1: \_\_\_\_\_

Parent E-Mail #2: \_\_\_\_\_

I hereby verify that the above information is correct to the best of my knowledge, and I release Cheer Savannah, INC and its representatives of liability in case of an accident or injury. Furthermore, I realize that while taking part in the sport of cheerleading, tumbling, & gymnastics, even recreationally, there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participating is assuming the risk of such injury (by participating). I as the legal guardian of my child take full responsibility for anything that might occur and will hold Cheer Savannah INC and its cheerleaders and staff harmless for any injury or illness incurred by participating during the course of the summer developmental program. My child is healthy enough to participate in athlete training exercises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/legal guardian

**Make all checks payable to Cheer Savannah INC. There is a \$30.00 charge on all returned checks. \*\*\* If there are any allergies, or restrictions please note on back!! We must be notified of any medical conditions that threaten your child's safety / well being.**

\*\*\*\*\*

OFFICE USE:

TUMBLING CLASS: \_\_\_\_\_

PAYMENT AMOUNT/METHOD: \_\_\_\_\_