

2019 Summer Cheerleading Tumbling REGISTRATION FORM

Class Desired

Cheer 1 Cheer 2

Currently Enrolled Student Y N

WEDNESDAY

Week 1 Holiday

Week 2 7/10/19

Week 3 7/17/19

Week 4 7/24/19

Week 5 7/31/19

Week 6 8/7/19

Week 7 8/14/19

Week 8 8/21/19

Student Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Emergency Telephone: _____

Date of Birth: _____ Medical Conditions or Allergies: _____

Family Doctor: _____ Telephone: _____

In a Medical Emergency, Hospital Choice:

Aria

St. Marys

Other

WAIVER & RELEASE:

I AM FULLY AWARE OF, AND APPRECIATE THE RISK, INCLUDING SERIOUS INJURY, AS WELL AS OTHER DAMAGES & LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS, CHEERLEADING AND/OR OTHER PHYSICAL ACTIVITY. I FURTHER AGREE JOEL BABA'S SCHOOL OF GYMNASTICS, INC., ALONG WITH EMPLOYEES & DIRECTORS, SHALL NOT BE LIABLE FOR ANY LOSSES, INJURIES, OR DAMAGES AS A RESULT OF MY CHILD'S PARTICIPATION IN THESE EVENTS.

Parent Printed Name: _____

Date: _____

Parent Signature: _____