

Registration Form

The Tumble Tot Co. & Tornos Gymnastics

1-1166 Gorham Street, Newmarket, ON L3Y 8W4

Phone: (905) 836-6401

Web: www.tumbletot.com

SESSION			
1 Fall	2 Winter	3 Spring	4 Summer
Mon	Tues	Wed	
Thurs	Fri	Sat	
TIME:			
CLOSED ON STATUTORY HOLIDAYS			

PROGRAM		
Twinkle Tots	Hi Flyers I	Elite Petite
Adv. Twinkle Tots	Hi Flyers II	Demo Team
Tumblebugs	Adv. Hi Flyers	Post-Competitive
Little Ninjas	Tiny Stars	Tumbling
Elite Ninjas	Gyminee Crickets	Homeschooling

CHILD INFORMATION

Surname: _____ Male: ___ Female: ___

Given Name: _____ Birthdate: _____ (D/M/Y) Age: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Does your child have allergies, medical concerns, special needs or food restrictions that we should be aware of? Yes No If yes, please specify _____

FIRST PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Primary Phone: _____ Secondary Phone: _____ Ext: _____

Cell Phone: _____ Email: _____

SECOND PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Business Phone: _____ Ext: _____

Cell Phone: _____ Email: _____



CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes No

If "yes" what are the arrangements? _____

Copy of Custody Order Provided: Yes

EMERGENCY CONTACT

Surname: _____ Given Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

HOW DID YOU HEAR ABOUT OUR PROGRAMS? (Please specify)

Website Era Banner Yellow Pages Facebook Month Ahead Friend Other

WE ARE CLOSED ON STATUTORY HOLIDAYS

Informed consent agreement:

- I, the undersigned, hereby agree to indemnify and save harmless The Tumble Tot Co. of Newmarket, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, damages, actions, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic activity.
- I, the undersigned, hereby acknowledge that certain risk of injury are inherent to participation in hand on science, arts and physical fitness & gymnastics activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or combination of both.
- I, hereby warrant that my child is physically fit to participate and understand that the choice to participate brings with it the assumption of those risk and results which are part of these activities.
- I agree to allow my child to receive basic first aid/medical care from instructors/coaches certified in first aid if necessary.
- The Tumble Tot Company reserves the right to use photographs of members for promotional purposes. If you do not wish your child's photograph to be taken please notify The Tumble Tot Company in writing.
- Refund will not be given. A credit will be applied to a future program for medical reasons only if the request is made in writing and accompanied by a doctor's note. There is a \$30.00 admin fee for this service. A charge of \$50.00 will be levied on all NSF cheques.
- I declare having read and understand the above informed consent agreement in its entirety and hereby consent to participate acknowledging all the foregoing. I also certify that the information provided in this form is, to my knowledge true and complete.

Date

Printed name of participant parent / legal guardian

Signature of participant parent or legal guardian if under 18 years of age

FOR OFFICE USE ONLY	SESSION I	SESSION II	SESSION III
DATE			
PAYMENT: CHQ / ETRANSFER / CREDIT CARD / CASH			
AMOUNT			
HST			
REGISTRATION FEE (\$40.00)			
TOTAL PAID			