



The Tumble Tot Co. & Tornados Gymnastics

1-1166 Gorham Street, Newmarket, ON L3Y 8W4 Phone: 905-836-6401 www.tumbletot.com

Competitive Registration Form

HOURS	HOURS	SCHEDULED DAYS	
6 Hour	11 Hour	Monday	Thursday
8 Hour	12 Hour	Tuesday	Friday
9 Hour	16 Hour	Wednesday	Saturday

CHILD INFORMATION

Surname: _____ Male: _____ Female: _____
Given Names: _____ Birthdate: _____ (D/M/Y) Age: _____
Home Address: _____
City/Town: _____ Province: _____ Postal Code: _____

FIRST PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____
Home Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Home Phone Number: _____ Business 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? _____

EMERGENCY CONTACT

Surname: _____ Given Name: _____

Address: _____

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

Relationship to child: _____

Phone #1: _____ Phone #2: _____

Does your child have allergies, medical concerns, or food restrictions that we should be aware of?

Yes No If yes, please specify: _____

Does your child carry an Epi-pen? Yes No

Informed consent agreement:

- I, the undersigned, hereby agree to indemnify and save harmless The Tumble Tot Co. & Tornados Gymnastics, 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 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 Co. 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 Co. & Tornados Gymnastics in writing.
- Refund will not be given. Credits under special circumstances by approval of the administration office only! In addition, a \$30.00 administration fee will be charge. 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.

This registration form must be signed and completed in full accompanied by the appropriate fees before it will be considered for acceptance. Cheques only please, payable to The Tumble Tot Co.

 Printed Name of Parent/Guardian

 Date

 Signature of Parent/Guardian

FOR OFFICE USE ONLY								
September		Chq #	March		Chq #			
October		Chq #	April		Chq #			
November		Chq #	May		Chq #			
December		Chq #	June		Chq #			
January		Chq #	July		Chq #			
February		Chq #	August		Chq #			
GO Ins. & T.T. Fee (\$175.00)			GO Program Fee			Competition fees		
Date	Chq#	\$	Date	Chq#	\$	Date	Chq#	\$