



Power Tumbling & Trampoline

Class and Activity  
Registration Form & Waiver

FOR OFFICE USE ONLY: ANN REG FEE PD: \_\_\_\_\_ 2ND: \_\_\_\_\_

**Student Information**

Student Name: (1st Child) \_\_\_\_\_

M/F \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: (2nd Child) \_\_\_\_\_

M/F \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Family Information**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Work  Home

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Work  Home

Contact Email Address: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any medical conditions to which we should be alerted, including allergies? \_\_\_\_\_

**WAIVER AND CONSENT—FLIGHT CLUB POWER TUMBLING & TRAMPOLINE, LLC**

I, the undersigned, hereby confirm that I am the custodial parent or legal guardian of the minor children identified below (hereinafter the "Participants"). I hereby consent to the Participants being present at the facilities of Flight Club Power Tumbling & Trampoline, LLC (hereinafter "Flight Club") and taking part in any and all activities offered by Flight Club.

I acknowledge that, even though all activities offered by Flight Club are supervised by employees of Flight Club, the activities offered, including but not limited to, trampoline and tumbling activities, involve inherent risk of injury. I hereby waive, both for myself and the Participants, any claim of any kind or nature that either I or the Participants may have or acquire against Flight Club or its employees or agents arising out of or in any way related to the Participants' presence at the Flight Club facility or performance by the Participants of the activities offered by Flight Club or any injuries incurred due to the Participants' presence at the Flight Club facility or arising out of the performance of those activities so long as such claim is not a result of gross negligence or willful misconduct on the part of Flight Club or its employees and/or agents. I also understand there are no credits or refunds given after enrolling for this clinic.

I grant permission to Flight Club Power Tumbling & Trampoline for the use of my child's photo and/or video for publications and website use.

I acknowledge that once enrolled in classes, camps, clinics and/or activities no refunds or credits will be given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

Phone: \_\_\_\_\_  Home  Cell  Work

Participant Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_