



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

Power Tumbling & Trampoline

**Registration Form & Waiver  
2025-2026**

**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.

By signing below, 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.

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

If you would like us to keep your credit card information on file, please fill out the back side of this form.



Power Tumbling and Trampoline

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields, You may cancel this authorization at any time by contacting us at 847-515-1935. This authorization will remain in effect until cancelled.

| Credit Card Information                                 |   |
|---|---|
| Card Type:  | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover |
| Cardholder Name (as shown on card):                     | _____   |
| Card Number:  | _____   |
| Expiration Date (mm/yy):                                | _____ CVV #: _____  |
| Cardholder ZIP Code (from credit card billing address): | _____   |

I, \_\_\_\_\_, authorize Flight Club Power Tumbling & Trampoline to charge my credit card for the agreed upon fees. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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*After filling out this Credit Card Authorization form you may register by email or by phone without the need to pull out your credit card! Flight Club will only charge the credit card listed above when you have contacted us to enroll in classes, private lessons or any activity that Flight Club offers. This does not automatically enroll your child in classes from one session to the next.*

*Thank you!*