

# Tumblebus Station

Ph; 770-529-5771 · fax: 770-529-5760

# Parent Time-out Registration Form

Time period: 6:30 PM – 10:30 PM

## Child & Parent Information

Date of Event \_\_\_\_\_

Child Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Any medical condition or allergies that we should be alerted to \_\_\_\_\_

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Child Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Any medical condition or allergies that we should be alerted to \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Info – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If case of emergency - Hospital Perf. \_\_\_\_\_ Doctor Name & Number \_\_\_\_\_

How did you learn about Tumblebus? \_\_\_\_\_

Is the child a Tumblebus student or anyone in your family previously been enrolled at Tumblebus?

Who \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Photos may occasionally be taken of participants. Is Tumblebus free to use such photos for marketing purposes? Yes  No

Do you agree to let Tumblebus use such photos without compensation to you? Yes  No

## Payment Information

Parent Time-out program fee \$25.00 for time period of 6:30 PM to 10:30 PM \$ \_\_\_\_\_ \* **Late Pickup Fee**

\$20.00 for each siblings during the same time \$ \_\_\_\_\_ **After 10:30 PM**

TOTAL paid by ..... Cash  Check  Credit Card  ..... \$ \_\_\_\_\_ **\$15 every 15 mins**

Make check payable to Tumblebus .... Check # \_\_\_\_\_

Credit Card Information – Type of card: Visa  Master Charge  Am Express  Discover

Print Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code on back \_\_\_\_\_ Is billing address same as above Yes  No

If not please list address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ASSUMPTION OF RISK · WAIVER OF LIABILITY · MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading, and rock climbing. Being fully aware of these dangers, I hereby give consent for my child (children) to participate in any and all Tumblebus or Tumblebus Station programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child's (children's) participation I hereby, for myself and my child (children) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE HEF Inc dba Tumblebus, its officers, directors, shareholders, employees, contractors and volunteers from all liability in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In the event of an accident or emergency I hereby authorize my child (children) to be transported to a hospital for medical treatment and I hold Tumblebus and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child (children) as a result of any injury sustained while participating at or for Tumblebus or Tumblebus Station.

I have read and understand this ASSUPMTION OF RISK and WAIVER OF LIABILTY and MEDICAL AUTHORIZATION and I VOLUNTARILY AFFIX MY NAME IN AGREEMENT

Parent /Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notice – Pickup Policy

For the safety and security of your child the parent dropping off the child and signing the form is the only person Tumblebus will release the child to unless prior arrangements are made. A photo ID will be required for pickup. Additional fees apply for late pickup. Parent / Guardian please initial that you have read and understand the pickup policy \_\_\_\_\_