

# **BUGS Tumble Tots Release Form 2016-2017**

Student's Name	Sex	Birthday	Email Address
Street	City	Zip	
Parent or Contact Full Name	Home Phone	Cell Phone	
Health Insurance Company Name	Medical Problems or Allergies		

**AUTHORIZATION OF MEDICAL CARE**– In case of illness/injury while with Bloomington United Gymnastics School, in case a parent cannot be reached, the staff of Bloomington United Gymnastics School may authorize medical care, treatment and/or ambulance transportation for above named participant.

**CONSENT OF PARTICIPATION:** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The Bloomington United Gymnastics School, its coaches and other staff members, will not accept responsibility for injuries sustained by a student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. This student has no problems that might compromise their safe involvement.

**WAIVER AND RELEASE:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation of gymnastics activities and events. I further agree that the Bloomington United Gymnastics School, and the sponsor of any Bloomington United Gymnastics School event, along with the employees, agents, officers, owners and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in gymnastics activities and events.

**AGREEMENT TO PAY**– I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for the full tuition even if only partial payment has been made. I understand that registration and deposit to reserve space is non-refundable. I agree to pay any court costs or attorney's fees if a collections process is necessary. I further understand that there will be a charge of \$20 for any bounced check and that bounced checks will be turned into the prosecutor's office.

\_\_\_\_\_  
Parent, Legal Guardian or Adult Participant

\_\_\_\_\_  
Date

**Monday's & Wednesday's 12:30-1:30pm**  
**Tuesday's, Thursday's & Friday's 10:00-11:00am**

**Bloomington United Gymnastics School**

**2741 S. Kegg Rd.**

**Bloomington, IN 47403**

**812-336-7469**

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