Tumblin' Tots Children's Program Registration Form

Session (Circle One): **Mini Steps** (Ages 2 - 3) Times: 5:15-6:00pm **Tumble Steps** (Ages 4 - 5) Times: 6:00-6:45pm

Name of Participant _____ DOB_____Boy_____Girl_____

Parent/Guardian Name_____

Address _____

Home Phone_____Work Phone_____Cell Phone_____

E-mail_____

Doctor's Name & Number_____

Emergency Contact:
Name:_____Number:_____Relationship:_____

Are there any special needs or concerns that should be brought to the attention of program staff?

_____

_____

_____

Consent Form

I, _____, give permission for my child, _____, to participate in the Tumblin' Tots Children's Program. I understand that participation in any physical activity involves inherent risk and that even when safety precautions are utilized, injuries can occur. I hereby release Tumblin' Tots LLC, its employees, staff and volunteers from all claims, including bodily injury, which may be sustained in connection with participation in this program.

Parent's Authorization and Permission to Provide Emergency Care

To the best of my knowledge, the medical history is correct and complete. I know of no reason to restrict the participant's activity and give my permission for participation in all activities except as specifically noted herein. I understand that part of the program experience involves activities and interactions that may be new to my child/children. These things come with certain risks and uncertainties beyond what my child/children may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child/children. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the program's rules. My child/children and I both agree that he/she is familiar with these rules and will obey them. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the On-Site Coordinator to order X-rays, routine tests, treatment and transportation for my child/children. I also hereby give permission to the physician selected by the On-Site Coordinator to secure and administer treatment, including hospitalization, for the person(s) names above. I agree to the release of any records necessary for evaluation, treatment, referral, billing or insurance purposes.

Signature of Parent/Guardian_____Date_____

I DO DO NOT (CIRCLE ONE) GIVE PERMISSION TO HAVE MY CHILD APPEAR IN MEDIA COVERAGE THAT IS APPROVED BY THE PEMBERTON TOWNSHIP RECREATION DEPARTMENTAND TUMBLIN TOTS, LLC