

Parent Information

Mom's Name	Work Phone	Cell Phone
Dad's Name	Work Phone	Cell Phone
Email	Home Telephone	
Address		

City	State	Zip
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Name and Phone Number of person who will take responsibility for my child/children if parents cannot be reached:

Name	Relationship	Phone Number	Cell or Other Number
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In case of emergency, if unable to reach me, I give permission for my child/children to be transported by ambulance and treated at Northern Illinois Medical Center.

Student #1

First Name	Middle Initial	Last Name	Date of Birth	Age	Sex
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Special Health Problems: _____

Student #2

First Name	Middle Initial	Last Name	Date of Birth	Age	Sex
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Special Health Problems: _____

Student #3

First Name	Middle Initial	Last Name	Date of Birth	Age	Sex
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Special Health Problems: _____

How did you hear about us? Family or Friend Phone Book Birthday Party Newspaper Internet Other _____

RELEASE OF LIABILITY – WAIVER OF LIABILITY

ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

As a parent or legal guardian of the above named child/children, I give my consent for her/him/them to participate in the programs at Fox Valley Power Tumblers, Inc. I understand that participation in tumbling, double-mini, trampoline, open-gym, birthday parties, overnight parties, parades, private lessons, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved.

As a parent or legal guardian, I agree to provide health insurance for the minor child/children or guarantee payment of any medical expenses incurred as a result of training, performing or participation in activities of Fox Valley Power Tumblers, Inc.

I understand it is this gym's express intent to provide for the safety and protection of my child/children, and in consideration for allowing the above named minor to participate in activities with Fox Valley Power Tumblers, Inc., I waive any and all rights or causes of action against Stacy Jauch, Brian Jauch, and/or Fox Valley Power Tumblers, Inc. for any injuries suffered by my child/children and other damages suffered by my child/children or myself while under the supervision or control of Fox Valley Power Tumblers, Inc., and its' employees. It is also my intent to release Fox Valley Power Tumblers, Inc. and its' employees from liability for future negligent conduct.

This acknowledgment of risk and Waiver of Liability has been read by me, understood completely and signed voluntarily. I am 18 years of age or older.

Parent/Guardian Signature _____

Date _____