

**FRANKLIN TUMBLERS
2020-2021
REGISTRATION FORM**

Participant Name: _____

Age at Time of Registration: _____ **Birth Date:** _____

Grade at Time of Registration: _____ **School:** _____

Address: _____
Street City State Zip Code

Primary Contact: _____ **Relationship:** _____

Cell Phone: _____ **Email:** _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contacts Phone #: _____

*Please mark the appropriate space provided below.

1. New Student, if you are just starting with us. 2. Please check NO if your student is returning and you have not had any information changes since last year. 3. Please check YES if changes are needed. Then please identify what changes in the space provided below: Examples: New address, New Phone #, or new email under the Yes if you have had any changes that need to be made in our system.

1. New Student _____ **2. No:** _____ **3. Yes:** _____

Medication & Medical Restrictions:

Franklin Tumblers will not administer any medication to your child, but we would like to be aware of any drug allergies in case of an emergency. Franklin Tumblers would also like to be aware of any allergies that we should know about that could cause harm to your child around the gym (example; latex, food, etc.):

Please list any concerning medical issues that may limit participation in Tumbling/Gymnastics Activities:

Please turn this form back in along with the Yearly Registration Fee. We should also have waivers on file for your child. If your child has taken here previously, currently, had a trial class, or participated at a party or open gym we have them on file.

Registration Fee (\$30) is due when signing up and is paid yearly at Fall Registration. If you are signing up in June/July for the first time, registration will be prorated to \$10. Yearly registration will need to be renewed each fall.

Signature of Parent or Legal Guardian: _____ **Date:** _____

For office use only:

Level: _____ **Class:** _____ **Waiver:** _____ **Payment:** _____