



_____ Waiting to hear back
 _____ Enroll
 _____ Follow up in 2-3 days
 _____ Referred by

REGISTRATION AND LIABILITY FORM

Address: 13702 South 200 West B-6 Draper, Utah 84020

Phone: 801-889-9375

Trial Date: _____ Trial Class: _____

Class Enrolling in: _____ Registration fee: _____

Parent Information

Mother's Name: _____ Fathers Name: _____

Mother Email: _____ Father Email: _____

Mom cell: _____ Dad Cell: _____

Home Address: _____

City: _____ Zip: _____

Mothers Employer _____ Fathers Employer: _____

Emergency Contact : _____ Phone: _____

Relationship: _____

Athlete Information

1st Athlete's Name: _____ DOB: _____ M/F

2nd Athlete's Name: _____ DOB: _____ M/F

3rd Athlete's Name: _____ DOB: _____ M/F

Please describe in detail any special needs, limitations, past and present medical concerns, or custody information Wasatch Trampoline & Tumbling should be aware of:

Allergies/Asthma (foods, medications/inhaler, insect bites): _____

Past Tumbling or Trampoline Experience: _____

Parent's Signature: _____ Date: _____

PLEASE SEE BACK

ASSUMPTION OF RISK

In consideration of allowing the previously declared participant(s) to begin activity at Wasatch Trampoline & Tumbling, while on the premises and property of Wasatch Trampoline & Tumbling, the undersigned, being the legal guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Wasatch Trampoline & Tumbling L.L.C., its owners, managers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant(s) and/or the undersigned, while in or upon the premises upon which Wasatch Trampoline & Tumbling is conducted, or any premises under the control and supervision of Wasatch Trampoline & Tumbling, its owners, managers, employees, or agents in route to or from any of said premises or while at any premises or places when activities sponsored by or participated by Wasatch Trampoline & Tumbling, its owners, managers, employees, or agents.

_____ **Initials**

MEDICAL RELEASE FORM

I acknowledge and agree that any participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. I understand that there are several known and unknown risks to my athlete/child wellbeing in participation in gymnastic related physical activities (trampoline, tumbling, Parkour, and freestyle). The undersigned and the participant(s) choose to voluntarily enter Wasatch Trampoline & Tumbling, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant(s) or the undersigned is upon the premises of Wasatch Trampoline & Tumbling . The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above.

I hereby declare any physical problems or restriction. I am also listing any known allergies or special conditions of any kind as well as any medications my athlete/child take.

The undersigned gives permission for Wasatch Trampoline & Tumbling owners, managers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred in said action.

In signing this Release, the undersigned acknowledges:

- a. That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has consent of the participant.
- b. To agree to waive, release, and discharge from any and all liabilities, claims, actions, damages, cost or expenses of any nature whatsoever, whether in law or equity, known or unknown, both present and future.
- c. That he/she has read thoroughly the Registration and Medical Release Form and agrees to honor this contract.

_____ **Initials**

AUTOMATIC PAYMENT

By signing below you give permission for Wasatch Trampoline and Tumbling to charge your card on file for monthly tuition in the agreed amount. If you leave Wasatch TT you will give Wasatch a 30 day notice in which your card will be deleted from your parent account and all auto payment will stop.

Signature: _____

MARKETING (Optional)

I understand that my child likeness may be used in Wasatch Trampoline & Tumbling L.L.C. ads, promotional videos, website material or various other marketing. These images will be used for Wasatch Trampoline & Tumbling purposes only and will not be given or sold to outside companies or individuals.

Signature: _____

DROPPING/CHANGES/PRORATING:

Any Changes or Dropping from gym needs to be done BEFORE the next billing cycle (1st of the month). Drops done after the billing cycle will be issued a credit on your parent account. If not coming back to the gym a credit will be issued to your card on file -minus a **\$10 processing fee**. Wasatch will only prorate if an athlete misses 2 weeks (no more than 2) in a single month. This will hold your child spot in class. The office needs to be notified in advance that your child will be gone. If you'r gone longer than 2 weeks in a single month, your options are to pay for the 2 weeks to hold your child spot in class OR drop for the month and re -enroll when you return. *Wasatch can not guarantee those spots will be available when you re-enroll.

Signature: _____