



CHILD'S NAME _____ **AGE** _____

DATE OF BIRTH _____ **PHONE #** _____

ADDRESS _____

E-MAIL (please print) _____

_____ has my permission to participate in the Little Kicks Tumbling and More program. I hereby acknowledge that I have voluntarily signed up and agreed for my child to participate in this activity. I am aware that these activities are hazardous and that participating in the activity may expose me and other participants to illnesses (flu, Covid 19, etc.) and the risk of injury. I acknowledge and agree that by signing this document, I and my child are giving up the right to sue the released parties for any damages my child may suffer while participating in the activity, even if the released parties negligently caused said damages.

My child has no medical or physical conditions which could interfere with his/her safety or successful participation in this activity. If your child has a fever or illness of any kind, they will not be able to participate in classes until they are well. I agree that my child shall follow all rules and instructions of the released parties while participating in the above activity.

Parent/Guardian Signature

CLASSES ARE ONCE A WEEK FOR 45 MINUTES
\$35 PER MONTH ALSO A \$20 REGISTRATION FEE
(INCLUDES T-SHIRT AND MEDAL: MEDALS ARE GIVEN OUT IN MAY.)
QUESTIONS: CONTACT JAMIE AT 615-513-5324
EMAIL: littlekickstumbling@yahoo.com
WEB SITE: www.LittleKicksTumbling.com