



OFFICE USE ONLY:

Date: _____
Tuition: _____
PAID: _____

REGISTRATION FORM

Students Name _____ Date of Birth: _____

Address _____ City _____ Zip _____

Email Address: _____

Mother's Name _____ Phone (H) _____ (W) _____ (C) _____

Father's Name _____ Phone (H) _____ (W) _____ (C) _____

MEDICAL INFORMATION

Insurance Company _____ Policy Number _____

Physician _____ Phone # _____

Person to be called in an emergency in the event parents cannot be reached:
Name _____ Phone # _____

List any physical handicaps, chronic ailments, psychological
Handicaps and allergies your child has:

RELEASE

I _____ (Parent)/Guardian) understand the risks of gymnastics and cheerleading and will follow *L.U.T.A.N.'s* Safety Rules. I will not hold *LIFT UP TUMBLING AND NUTRITION, LLC* liable for any injury sustained during participation in any class or function held by *LIFT UP TUMBLING AND NUTRITION, LLC*. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in gymnastic/ cheerleading classes, programs and lessons. I give permission to *LIFT UP TUMBLING AND NUTRITION, LLC* and/or appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of *LIFT UP TUMBLING AND NUTRITION, LLC*. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources, (police, rescue squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. Further, I hereby release and agree to hold harmless and indemnify *LIFT UP TUMBLING AND NUTRITION, LLC* employees, owners, or volunteers from any claims, losses, or expenses incurred on behalf of me, my child or my child's family.

I _____ (Parent/Guardian) understand that I am responsible for contacting *LIFT UP TUMBLING AND NUTRITION, LLC* when my child drops a class or discontinues classes at L.U.T.A.N.

I certify that all statements/information on this application are correct and complete. I understand that withholding pertinent information requested on this application or giving false information constitutes grounds for immediate dismissal from the program.

Refund Policy: Fee payments are not refundable. By submitting this application, the applicant understands and agrees.

Parent/Guardian Signature _____ Date _____
Student's Signature _____ Date _____

LIFT UP TUMBLING AND NUTRITION, LLC
P.O. BOX 26331
Indianapolis, IN 46226
317-801-4596

PLEASE LIST THE CLASSES YOUR CHILD WILL BE PARTICIPATING IN:

CHEER CLASSES: _____

TUMBLING CLASSES: _____