

**221 Petersburg Road, Carlisle**

**717-245-0561**

**Cumberlandgymnastics.org**

**info@cumberlandgymnastics.org**

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**Lik**



6 week program:

**March 22nd – May 3rd**

**No class on April 12th**

**Sunday**

**5:00 – 6:00**

**Cost: $72 per person**

**Cash or Check Only**

**Stop by the office to sign up!**

**Ages 4 & Up!**

**WRESTLING**

**AGILITY, STRENGTH & TUMBLING**

**Student Information Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact for if parents cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any injuries or concerns staff of CG should know: (fears, ADHD, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medications your child is NOT permitted in an emergency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can child be in pictures posted on our website/social media? **YES** or **NO**

I hereby authorize the staff at Cumberland Gymnastics, Inc. to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive any and all claims for personal injury that I may have against Cumberland Gymnastics, Inc. and its directors, officers, agents, employees, representatives, and any volunteers in any way associated with Cumberland Gymnastics, Inc. I understand that participation in gymnastics and tumbling carry with them the risk of injury. All medical expenses incurred will be the responsibility of the student or the student’s family.

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**