



# Arbuckle Parks & Recreation District **TOT TUMBLING — Registration Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Gender:  Male  Female

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### **MEDICAL INFORMATION**

Health Insurance Company \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give my permission for the above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her own risk.

*Parent/Guardian Signature* \_\_\_\_\_

**PHOTO RELEASE:** I hereby give my consent to ARPD to post photographic images of my child for the purpose of acknowledging awards, community recognition and publicity on the APRD's website and APRD's Facebook account. I understand that no other personal identifiable information about my child will be published with the photograph.

*Parent/Guardian Signature* \_\_\_\_\_

**Please make checks payable to: Arbuckle Parks and Recreation District or APRD. Late Fee** of \$15 per child will be added to standard fee for registrations forms received after OCT 30TH. **Refunds** after program begins are given at the discretion of the program supervisor. There are no make-ups unless something unexpected occurs with the facility or the instructor.

Fees: **Per Child - \$50**

Fee \_\_\_\_\_ Method of Payment \_\_\_\_\_ Receipt # \_\_\_\_\_