



Oklahoma Extreme Tumbling, LLC
8250 E. 111th St. Bixby, Ok. 74008
664-FLIP or 369-3938
Fax: 918-477-2738
www.ox tumble.com

Registration Form

Last Name: _____ Home Phone: _____
Student 1 Name/Age/Birthdate: _____/_____/_____
Student 2 Name/Age/Birthdate: _____/_____/_____
Student 3 Name/Age/Birthdate: _____/_____/_____
Address: _____ City/Zip: _____
Parents Name: _____ e-mail: _____
Dad's Work #: _____ Occupation: _____ Cell #: _____
Mom's Work #: _____ Occupation: _____ Cell #: _____
Other Emergency Contact (Relation and Phone #): _____
Special Conditions such as illnesses or allergies: _____
Who should we thank for referring you to us? _____

Read and initial all statements before signing

- _____ I understand that students tumble at their own risk. Safety precautions have been taken in behalf of Oklahoma Extreme Tumbling, L.L.C., but there is still risk of injury. (Optional-Provide copy of insurance card in case of emergency.)
- _____ With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Oklahoma Extreme Tumbling, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Oklahoma Extreme Tumbling, LLC and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection an my own protection.
- _____ Payment is due on the 1st of the month. There will be a 10% late fee after the 10th of the month. I will be billed for class until I call to drop class, I will give a ONE week notice if dropping class the following month to avoid being billed.
- _____ There is a sitting room for parents upstairs who want to stay and watch and will not be allowed in the gym on or near the tumbling floor. Only the gym's authorized instructors are allowed on the tumbling mats spotting. If your child is using the back floor there are benches for watching in the back. Please ask the office worker how to access the back area.
- _____ I understand that my child's likeness may be used in Oklahoma Extreme Tumbling, LLC ads, promotional videos, website or other marketing material. These images will be used by Oklahoma Extreme Tumbling, LLC purposes only, and will not be sold or have any name identification associated with them.
- _____ The yearly registration fee of \$45 is due at this time (per family) and will be good for 12 months.

Parent's Signature: _____ Date: _____