

TBT Tiny Turners Preschool Registration Form (License #52-51-04744)

Child's Name _____

Please Circle the Days/Weeks your child will attend, Summer 2018

June 4-8 (M/T/W/R/F)

June 11-15 (M/T/W/R/F)

June 18-20 (M/T/W)

June 25-29 (M/T/W/R/F)

July 9-13 (M/T/W/R/F)

July 16-20 (M/T/W/R/F)

July 23-27 (M/T/W/R/F)

July 30-Aug 3 (M/T/W/R/F)

I am aware that photographs may be taken of the children at TBT and I give my permission to have the photographs published on our website: www.tampabayturners.com Initial _____

Acknowledgment of risk and waiver of liability

I am fully aware that participation in gymnastics and/or swimming involves risk and the possibility of severe or even catastrophic injuries. I understand that Tampa Bay Turners Gymnastics and Swimming Academy, Inc. and its staff will assume no responsibility for injuries or medical expenses incurred by any participants (including parents or guardians involved in gym or pool activities). Initial _____

There will be a \$25.00 charge for any checks returned to TBT. Initial _____

There are no refunds for missed days; however, a credit may be given with a 48 hour notice Initial _____

I have read, completely understand and have gone over with my child(ren) the TBT Code of Conduct. Initial _____

I have received and read the "Influenza Virus, The Flu, Guide for Parents" and the "Know your Children's Center" brochures. Initial _____

I have fully read and understand all of the above.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian

Parents Names: _____ E-Mail: _____ Phone Number: _____ Address: _____
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