

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

Child's Name _____

Please Circle the Days/Weeks your child will attend, Summer 2019

June 10-14 (M/T/W/R/F) June 17-19 (M/T/W) June 24-28 (M/T/W/R/F)

July 8-12 (M/T/W/R/F) July 15-19 (M/T/W/R/F)

July 22-26 (M/T/W/R/F) July 29-Aug 2 (M/T/W/R/F) Aug 5-7 (M/T/W)

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 _____

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 and social media: www.tampabayturners.com Initial _____

There will be a \$25.00 charge for any checks returned to TBT. No refunds for missed days will be given; however, a credit may be given with a 48 hour notice. Initial _____

I understand that not all children in care have current immunizations. Initial _____

I have received and read the “**Influenza Virus, The Flu, Guide for Parents**”, the “**Know your Children’s Center**”, the “**Food and Nutrition Policy**”, and the “**Disciplinary and Expulsion Policy**”. Initial _____

Smoking, including the use of e-cigarettes is prohibited on the premises. Initial _____

I hereby grant permission for childcare personnel to have access to my child’s records. 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: _____