**JUSTICE TUMBLING COMPANY ATHLETE REGISTRATION, RELEASE, POLICY AND PAYMENT**

**ATHLETE INFO**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PARENT INFO**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE AND EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY MEDICAL LIMITATIONS THAT COULD AFFECT PARTICIPATION OR PERFORMANACE?

I understand that participation in any activities provided by Justice Tumbling Company including all aspects of tumbling, stunting, cheerleading, involving motion, height, movement, and athletic activity creates the possibility of serious injury and/or death. I release Justice Tumbling Company and its members and employees from any liability arising from injury/death to that person listed above occurring on the premise or any event sponsored by Justice Tumbling Company. In an event of an emergency, I authorize Justice Tumbling Company to take the above athlete to a qualified medical facility, hospital, or call an ambulance. I give Justice Tumbling Company permission to film and photograph the above athlete for any promotional purposes.

I have read and understand the policies of Justice Tumbling Company and will abide by them. I understand that not abiding by the policies will result in unenrollment of above athlete.

Parent/Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_\_\_\_

**CARD INFORMATION**

CARD NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING ADDRESS**

 Same as home address