

# TUSCALOOSA TUMBLING TIDES

PARENT(S) NAME(S) - FIRST AND LAST			
ADDRESS		MAILING ADDRESS (IF DIFFERENT FROM HOME)	
CITY	STATE	ZIP	HOME PHONE
FATHER'S PLACE OF EMPLOYMENT	WORK PHONE	CELL PHONE	ALTERNATE PHONE
MOTHER'S PLACE OF EMPLOYMENT	WORK PHONE	CELL PHONE	ALTERNATE PHONE
NAME OF PERSON RESPONSIBLE FOR BILL, IF SOMEONE OTHER THAN PARENT		PHONE NUMBER	PARENT'S EMAIL ADDRESS
ADDRESS	STATE	ZIP	
STUDENT'S NAME - FIRST, MIDDLE, LAST		STUDENT'S BIRTHDATE	STUDENT'S SOCIAL SECURITY #
STUDENT'S NAME - FIRST, MIDDLE, LAST		STUDENT'S BIRTHDATE	STUDENT'S SOCIAL SECURITY #
STUDENT'S NAME - FIRST, MIDDLE, LAST		STUDENT'S BIRTHDATE	STUDENT'S SOCIAL SECURITY #
STUDENT'S NAME - FIRST, MIDDLE, LAST		STUDENT'S BIRTHDATE	STUDENT'S SOCIAL SECURITY #

## EMERGENCY NUMBERS (SOMEONE OTHER THAN THE PARENTS)

NAME	RELATIONSHIP TO STUDENT	PHONE
NAME	RELATIONSHIP TO STUDENT	PHONE
PHYSICIAN'S NAME/PHONE		
ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF		

### WAIVER OF LIABILITY

This agreement made between TUSCALOOSA TUMBLING TIDES, INC. and \_\_\_\_\_, parent or guardian of \_\_\_\_\_ in which said parent/guardian agrees to hold TUSCALOOSA TUMBLING TIDES, INC. AND ANY AND ALL OF ITS EMPLOYEES, REPRESENTATIVES, OWNERS, OR OTHERWISE, free of any and all liability for any injuries which may occur during the child's performance, training, education, or association with, and for, TUSCALOOSA TUMBLING TIDES, INC.

### MEDICAL RELEASE

In the event of an accident, injury, or illness, I permit my child to be given emergency medical treatment at the nearest medical facility and I will be responsible for all costs involved. I understand that all measures will be taken to contact me if emergency care is required.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

I have received and read a copy of the Membership Rules and Policies for Tuscaloosa Tumbling Tides. My child and I fully understand that we must follow all rules and policies while participating in any and all Tuscaloosa Tumbling Tides activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

A NEW FORM MUST BE FILLED OUT BY AUGUST 1, 2010, UNLESS INFORMATION (I.E. PHONE #'S) CHANGES BEFORE THIS DATE. IN SUCH CASES, THE FORM SHOULD BE UPDATED AS CHANGES OCCUR.

#### OFFICE USE ONLY

Date Registered \_\_\_\_\_ Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Registration Paid \_\_\_\_\_ Fees Paid \_\_\_\_\_ Misc. Paid \_\_\_\_\_ Total Paid \_\_\_\_\_

Date Paid \_\_\_\_\_ CASH, CHECK, CREDIT Received By \_\_\_\_\_