



2009-2010 Dizzy's Bus Stop Preschool Registration Form

Child's Last Name	Child's First Name	Middle Initial
Birthdate	Gender	Enrollment Date
/ /	<input type="checkbox"/> male <input type="checkbox"/> female	/ /

Parent/Guardian Information

	Name	Address	Home Phone	Cell Phone
Parent/ Guardian 1				
	e-mail			
Parent/ Guardian 2				
	e-mail			

Emergency Contact Information

	Name	Relationship	Home Phone	Cell Phone
Emergency 1				
Emergency 2				

Medical Information

	Name	Address	Phone
Doctor			
Dentist			
Preferred Hospital:			
Allergies (i.e. food, medicine, bees, etc.)			
Medical Conditions (i.e. asthma, diabetes, physical limitations, etc.)			

Other Authorized People to Pick Up Child

Name	Relationship	Phone

please complete information on back

Last Name

First Name

Start Date

/ /



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Authorization and Consent Form for Medical Treatment of Minors

You have my permission to treat minor cuts and scrapes with disinfectant and adhesive bandages.

Parent Signature: _____

Date: _____ / _____ / _____

Liability Waiver

As with all physical activity, I understand that a risk is involved with participation in gymnastics and related activities. We require adherence to all rules of Dizzy's Tumblebus. I, the undersigned parent/guardian, release Dizzy's Tumblebus, its officers, instructors and coaches associated from all responsibilities and all claims for injuries received while participating or practicing gymnastics and its related activities.

Parent Signature: _____

Date: _____ / _____ / _____

Parent Signature: _____

Date: _____ / _____ / _____

Photo Permission

You have my permission to use photos of my child in marketing materials for Dizzy's Tumblebus & Bus Stop only

Parent Signature: _____

Date: _____ / _____ / _____

Directory Information

You have my permission to include my name, child's name, phone number and e-mail address in the preschool directory

Parent Signature: _____

Date: _____ / _____ / _____

Parent Handbook

I have received and reviewed the parent handbook for Dizzy's Bus Stop Preschool program.

Parent Signature: _____

Date: _____ / _____ / _____

Last Name

First Name

Start Date

/
/