



# PERMISSION SLIP AND STUDENT INFORMATION FORM

Please complete and sign the permission slip below. You may return completed forms to your school, fax to (425) 458-4570, or register on-line at [www.dizzybus.com](http://www.dizzybus.com).

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_ M/F \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Siblings & Ages \_\_\_\_\_  
 Parent/Guardian's Name (1) \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Parent/Guardian's Name (2) \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 E-mail\* \_\_\_\_\_ Cell # \_\_\_\_\_

\*If you provide your e-mail address we can keep you posted about any class information and/or changes. In addition, we will add you to our monthly newsletter distribution and tell you about upcoming events. Your e-mail address will never be shared with third parties.

Student's School/Daycare Facility \_\_\_\_\_ Classroom \_\_\_\_\_

Typical Days and Time attending the School/Daycare **M T W Th F** Hours: \_\_\_\_\_

Does your child have any allergies or medical conditions that we should be aware of? \_\_\_\_\_

### Agreement:

- I agree to pay the monthly tuition directly to my childcare facility.
- My child will be automatically enrolled the following month unless I notify my childcare facility that I will be withdrawing my child. Should I choose to withdraw my child I must notify the school/childcare facility by the first of the following month.
- I understand that a risk is involved with participation in gymnastics and related activities which requires adherence to all rules of Dizzy's Tumblebus.
- I, the undersigned parent/guardian, release Dizzy's Tumblebus, its officers, instructors and coaches, and the childcare facility associated from all responsibilities and all claims for injuries received while participating or practicing gymnastics and its related activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**IF YOU WOULD LIKE TO ORDER A DIZZY'S TUMBLEBUS T-SHIRT FOR YOUR CHILD, PLEASE INDICATE THE SIZE BELOW AND INCLUDE AN ADDITIONAL \$10.00 WITH YOUR ENROLLMENT FORM.**

**T-SHIRT SIZE:**  X-SMALL (2-4)     SMALL (6-8)     MEDIUM (10-12)

**You may pay by check or Visa/MasterCard.**

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Billing Zip Code** \_\_\_\_\_ **Signature** \_\_\_\_\_