

2 #31 Dundonald Street, POS

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STUDENT INTAKE FORM

| Date: | | | | | | |
|--|---|-----------|-----------------|------|--|--|
| Student's Full Name: | | | | | | |
| Sex: □F □M | Select below Date of Birth: Year: Day: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Month: DJAN DFEB DMAR DAPR DMAY DJUN DJUL DAUG DEC | | | | | |
| Mother's Full Name: Father's Full Name: | | | | | | |
| Mother's Cell: Home/Work: Home/Work: | | | | | | |
| Home Address: | | | | | | |
| Personal Email Address 1: | | | | | | |
| Personal Email Address 2: | | | | | | |
| Mother's Employer: Father's Employer: | | | | | | |
| Previous Gymnastic Experience?: □No □Yes If yes which club/School attended | | | | | | |
| Current or Previous TTGF Member?: □No □Yes | | | | | | |
| Fill out the information below so we may act quickly in the event of an emergency. | | | | | | |
| Whom to call in the event the parents cannot be contacted: | | | | | | |
| Name: | | Relation: | Cell: | Tel: | | |
| Name: | | Relation: | Cell: | Tel: | | |
| Name: | | Relation: | Cell: | Tel: | | |
| Doctor: | T | el: Insu | ırance Company: | | | |
| Any intolerance/ allergies to food or medications? | | | | | | |
| Any previous illness or injury the staff should be aware of: | | | | | | |

PHOTO / VIDEO RELEASE

I hereby grant permission to Tots & Tumblers Gymnastic Club to use photographs and/or video of the above-named student(s) taken at our gymnastic facility and/or at any event hosted or attended by Tots & Tumblers Gymnastic Club in publications, news releases, online, and in other communications related to the mission of the Club.

Parent/Guardian Signature

DISCLAIMER AND RELEASE

| AN AGREEMENT made this day | of | | ., 202 |
|--|--|---|--|
| BETWEEN | | | |
| I (1) | (h | ereinafter referred to | as the 'Parent/Guardian'), |
| the Parent/Guardian of | | | (the ' Child '); |
| (2) TOTS & TUMBLERS GYMNASTIC which the Child is a student; and | CLUB (the 'Club') of | 31 Dundonald Stree | et, Port of Spain, Trinidad, o |
| (3) The persons who provide gymnas Instructors '). | tics instruction and te | aching to the stude | ents of the Club (the ' Gym |
| IT IS HEREBY AGREED that in exchanginstructions in gymnastics by the Gym In provided by the Club, I the Parent/Guard family HEREBY RELEASE AND DISCHARD representatives, servants or agents from negligence, sustained or suffered by the personal belongings suffered at any time while the Child is attending for the purposimmediately before or immediately after premises of Tots & Tumblers for this put the Child attends for purposes of gymnastics. | mstructors in the Club a dian for and on my own ARGE the Club and Gyn all injury or loss howsone Child and for loss one during the course of ose of receiving gymnas arr any such instructions prose or at any other p | nd using the Club's behalf and for and be made instructors, whether ever caused, whether or damage (howest the Child's instruction instructions from a have been or are | premises and the equipment behalf of the Child and his/heler by the managers, teachers er by breach of contract or by oever caused) to the Child's on by the Gym Instructors of the Gym Instructors, whether being given or while on the |
| Dated this day of | | , 202 | |
| For and on behalf of Tots & Tumblers Gymnastic Club | | | |
| Parent/Guardian | | | |