

# Are You Ready to Tumble?



## Introduction to Cheer Tumble Clinic!

**Mondays from 6:15 p.m. – 7:15 p.m.**

**Ages 7 – 9**

This clinic is designed for current or future cheerleaders who want to learn and/or fine-tune the basics of cheer tumble.

### Two, 3-Week Sessions – Choose One or Both!

**Session #1: Jan. 2<sup>nd</sup> – Jan. 16<sup>th</sup>**

**Session #2: Jan. 23 – Feb. 6<sup>th</sup>**

**\$35 Per Session**

Please return the attached: 1) Registration 2) Health History and 3) Waiver (over) forms with payment. Thank you!



847-949-7768 • [gymnasticsspot.com](http://gymnasticsspot.com)  
915 Tower Road • Mundelein, IL

#### Registration Form for Introduction to Cheer Tumble Clinic    Session #1    Session #2

Is child residing at the same address as parent? Yes or No (circle please)    PLEASE PRINT

Name of Child \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl (Please circle one.)

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Emergency Contact

If we cannot reach the numbers above in an Emergency, we will contact the person below.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health History**    Name of Child: \_\_\_\_\_

*All medical information is confidential and for staff use only to ensure the well-being of your child.*

Please check all applicable medical conditions below.

Allergies (environmental, food, medications, etc. (Please specify): \_\_\_\_\_

Asthma    Fainting Spells    Convulsions    Heart Trouble    Other (Please specify): \_\_\_\_\_

Has difficulty with: (Please circle all applicable)    Eyes    Ears    Nose    Throat    Digestion

Any condition requiring medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

### Permission Statement Form

My child has my permission to attend and participate in The Gymnastics Spot “Introduction to Cheer Tumble Clinic.”. I attest to this person’s good health. I will, in no way, hold The Gymnastics Spot officials or staff members responsible for any possible accident, illness, or injury, which may occur in any workout or training session. I also give my permission to The Gymnastics Spot to call an ambulance in the event of an accident, illness, or injury.

I have read the above statement and fully understand it and agree to abide by it.

PARENT’S OR GUARDIAN SIGNATURE: \_\_\_\_\_

### Map and Directions to the Gym Spot

The Gym Spot is located at 915 Tower Road, just off Allanson Road (between Rte. 45 and Butterfield Roads). The building is on the left side of Tower Road, just past the “curve”.

