



PERMISSION SLIP AND STUDENT INFORMATION FORM

Please complete and sign the permission slip below. You may return completed forms to your school or email to dizzy@dizzybus.com.

TUITION WILL BE COLLECTED BY YOUR CHILDCARE FACILITY GODDARD REDMOND RIDGE

Student's Name _____ Nickname _____ M/F____
Address _____ Age _____ Birthdate _____
City _____ Zip _____ Siblings & Ages _____
Parent/Guardian's Name (1) _____ Phone # (1) _____
E-mail (1)* _____
Parent/Guardian's Name (2) _____ Phone # (2) _____
E-mail (2)* _____

***Please provide us with your e-mail address so we can send you information about your child's classes and keep you informed about any class changes. Your email information will not be shared with others.**

Student's Classroom _____

Are there any allergies or medical conditions that we should be aware of for your child to participate in our program? _____

- I understand that I am enrolling my child on Dizzy's Tumblebus in accordance with my childcare's policies for extra-curricular activities.
- I understand that I will not receive a credit for missed classes due to illness or vacation.
- I understand that a risk is involved with participation in gymnastics and related activities which requires adherence to all rules of Dizzy's Tumblebus & Bus Stop.
- I, the undersigned parent/guardian, release Dizzy's Tumblebus & Bus Stop, 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 _____

PLEASE INDICATE BELOW YOUR CHILD'S T-SHIRT SIZE

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