



Children's Names

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent's Name _____

Phone Number _____

Mailing Address _____

Email Address _____

Payment Type _____
(Self Pay or ESA)

I/We GIVE PERMISSION FOR MY/OUR CHILDREN LISTED ABOVE TO PARTICIPATE IN Horizons Storm Cheer & Tumbling classes in which they are registered for the upcoming cheer/gym season for the 2025/2026 season. Realizing that such activity involves the potential for injury inherent with equipment. I/we acknowledge that even with the best supervision, protective equipment, and strict observation of safety rules, injuries are still possible. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. If my child is injured during their class time within the facility neither Horizons Storm Cheer & Tumbling, Rebecca Thomas or any other staff or employees are financially responsible. I/we acknowledge that I have read and understand this warning. Rules and Safety Notices are placed throughout the facility as a reminder! In the event of accident injury or illness I/we are responsible for any and all medical expenses that MY/OUR children incur during their time at Horizons Cheer & Tumbling.

Class _____

Registration Fee _____

Additional Information _____

Parent Signature _____