



## Tumbling Class Athlete Information Sheet

44 BUSINESS PARK CIRCLE UNIT 100 ARDEN NC. 28704

**Complete and return with Fearless waiver.**

**Athlete Name:** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Add me to Fearless' mass text services for updates and closure alerts

**Email Address:** \_\_\_\_\_

**2<sup>ND</sup> Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_ **Relationship to Athlete:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Please list any allergies and/or physical limitations:** \_\_\_\_\_

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