



Amount Paid: _____ Staff Initials: _____

TUMBLING REGISTRATION

*REGISTRATION FOR WINTER 1 SESSION BEGINS OCTOBER 14TH, 2025 (RETURNING ATHLETES) AND OCTOBER 21ST (NEW ATHLETES)

REGISTRATION REMAINS OPEN UNTIL CLASSES ARE FULL (WAITLIST WILL BE APPLIED FOR THOSE WHOSE CLASSES ARE FULL)

SESSION: NOVEMBER 4TH – JANUARY 13TH (THANKSGIVING/CHRISTMAS BREAK: NO TUMBLING NOV. 25TH, DEC. 23RD & 30TH) Nickname: __ Name of Child: Gender: ____ Age: ____ Grade: ____ Birth Date: ___ / __/ Address: _____ State: ____ Zip Code: _____ Parent/Guardian Name: _____ Email Address: TEXT # for Parent: JERSEY SIZE (circle one): 3T 4T 5T YXS YS YM YL AS AM AXL Please check appropriate section*: * See info sheet for class descriptions Toddler (3 yr. old Tumble with me @ 3:30-4:00pm) (Adult will attend with each child) Beginner (4-5 yr. old Tumble Tykes @ 4:00-5:00pm) Beginner/Intermediate (6-9 yr. old Twisters @ 5:00-6:00pm) Intermediate/Advanced/Cheer Tumbling (10-up Titans @ 6:00-7:00pm) How many years has your child been in tumbling? _____ Skill level? (circle one) 1 2 3 4 5 PERMISSION REQUEST Name of Child: I hereby release Rc3 from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and can participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for my child to be photographed or videotaped and for those images to be used by Rc3 in the future. I understand that Rc3 will attempt to make up for time lost due to bad weather, however if time cannot be made up, I understand that no refund will be provided. The parent(s)/guardian(s) authorizes Rc3 to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts. Please complete the following: I/we will be responsible for payment of medical expenses. 1. Medical treatment costs are covered by: Insurance Company: 2. Policy #: Child's Physician or Clinic Attended: _____ Date: ____ Signature of Parent **TUMBLING FEE*** * Financial assistance is available. Applications are available at the front desk. *For Office Use Only* Members/Potential-Members\$65.00/\$95.00

STUDENT-ATHLETE & PARENT/LEGAL GUARDIAN CONCUSSION STATEMENT

According to the Centers for Disease Control and Prevention, a concussion is a type of traumatic brain injury that changes the way the brain normally works. Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. The new concussion law is an opportunity to make playing sports safer for Tennessee's young athletes. For more information, visit: http://tn.gov/health --> Preventing Brain Injury

Student-Athle	ete Name: Guardian Name(s):		_
	the information sheet, I am aware of the following information	on:	-
Student- Athlete Initials	, y		Parent/Leg al Guardian Initials
	A concussion is a brain injury which should be reported to a medical professional if one is available.	my parents, my coach(es) or	
	A concussion cannot be "seen." Some symptoms might be symptoms can show up hours or days after an injury.	e present right away. Other	
	I will tell my parents, my coach and/or a medical profession illnesses.	nal about my injuries and	
	I will not return to play in a game or practice if a hit to my h concussion-related symptoms.	ead or body causes any	
	I will/my child will need written permission from a health ca or practice after a concussion.	re provider* to return to play	
	Most concussions take days or weeks to get better. A mor last for months or longer.	e serious concussion can	
	After a bump, blow or jolt to the head or body an athlete sh medical attention if there are any danger signs such as los repeated vomiting or a headache that gets worse.		
	After a concussion, the brain needs time to heal. I underst much more likely to have another concussion or more seric play or practice occurs before the concussion symptoms go	ous brain injury if return to	
	Sometimes repeat concussion can cause serious and long death.	-lasting problems and even	
	I have read the concussion symptoms on the Concussion I	nformation Sheet.	
concussion t	e provider" means a Tennessee licensed medical doctor, os raining, or a physician assistant with concussion training who censed medical doctor or osteopathic physician.		
Signature of Student-Athlete			_
Signature of	Parent/Legal Guardian Date		_



Tumbling

Winter 1 2025

Ages: Girls and boys 3 years old- high school. Four classes are offered based on age and skill level. See below for

class description.

Cost*: Tumbling (toddler class and ages 4-18) - \$65.00 (Rc3 member) or \$95.00 (potential member)

*Financial assistance is available. Please ask front desk staff for an application.

Dates: Registration for returning athletes opens on October 14th. Open registration begins October 21st and will

remain open until spots are filled (or the halfway point in the session – Week 4). Winter 1 tumbling class includes 8 weeks of instruction. Classes meet on Tuesdays, November 4th, 2025 – January 13th, 2026. (No Tumbling Class

on November 25th (Thanksgiving), December 23rd & 30th (Christmas Break).

Attire: Suggested dress includes athletic wear (flexible shorts/t-shirt that can be tucked in) or gymnastics leotards.

Long hair should be tied back or pulled out of the face. Children may choose to wear socks or be barefoot. Chewing gum is not permitted during tumbling classes. Jewelry (bracelets, necklaces, dangling earrings,

etc.) should not be worn.

Class Descriptions & Prerequisite Skills:

Toddler (3 yr old) Tumble with Me: This half hour class is specially designed for toddlers. Toddlers will learn listening skills, gross motor control, and build a foundation for more complex tumbling skills. Class format will include beginning stretching, various tumbling and crawling stations, and jumps. Age 3 years old, at start of class, **must be three before the first class** (no exceptions).

Beginner (4-5 yr old) Tumble Tykes: A one-hour class designed for children to learn basic tumbling and balancing skills. Each class will learn an exhibition. Class format will involve stretching, gross motor skills, and various tumbling stations. Ages 4-5 years old, **must be four-year-old by the first class**.

Beginner/Intermediate (6-12 yr old) Twisters: This one-hour class works on developing beginner and intermediate tumbling skills. Each class will learn an exhibition. Teachers will work with groups at their ability level to expand participant's tumbling skills. Class format includes stretching, working various tumbling skills, tumbling stations and conditioning. Ages 6-10 years old, must be at least six before the first class.

Intermediate/Advanced/Cheer Tumbling (10 yr. old - Up) Titans: A one-hour class for 10 year olds and up. For those interested in advanced tumbling and cheer tumbling, this class will continue to refine beginning tumbling skills and expand to advanced tumbling. Class will include advanced moves for use in cheerleading but is NOT just for cheerleading. Format includes stretching, conditioning, and various intermediate and advanced tumbling skills, such as: round off, back handspring to back handspring, front handsprings, and front and back walkovers. Class placement between beginner/intermediate or intermediate/advanced will be determined by the coaches and the individual prerequisite skill set. The prerequisite skill set for this class will include: cartwheel, round-off, able to kick up to handstand (a hold is not needed).

TITANS CHECKLIST (CHECK ALL THAT APPLY)

The athlete can:

Independent handstand
Cartwheel
Round-off
Backbend
Backbend kickover