

Dacula Falcons Cheerleading Tumbling Waiver

TUMBLING SKILLS CHECKLIST

Name of Child

Please indicate your child's mastery of the followas my permission to learn, IP has performed to out of 10 times, independently).	, ,		•
Forward RollCartwheel	Round off	Aerial	Back handspring
Standing Back TuckRound off back	handspringRour	nd off back handspring bac	k tuck
Please list any additional tumbling skills that yo	our child has mastered t	hat are not listed above.	
STUNT POSITIONS			
Please indicate your child's normal stunting pos	sition.		
BaseFlyer SpotDon'	't know/My child has nev	er stunted	
PARENTAL CONSENT			
I, The parent or legal guardian of	ermission for his/her pa neer Program are not ex	articipation in tumbling dur perienced in tumbling and	ring camp, practices and games. I fully I attest that my (son, daughter) has
* Initials			
II. RELEASE FROM LIABILITY			
I agree to assume all risks and hazards inciden indemnify and agree to hold harmless, the DAA coaches, sponsors, volunteers and participants other cause.	Cheer Program, Dacula	Athletic Association, GFL S	Sports, Inc, the officers, directors,
*Initials			
I hereby acknowledge, by my signature, that I h	ave read, understood an	d agreed to this document	•
Name of Parent/Guardian	Signature	of Parent/Guardian	
	-		

Date