

JUMP START GYMNASTICS STUDENT REGISTRATION

Today's Date: _____

Student's Name: _____ Birthdate: _____ Gender: _____
Last First M.I.

Parent/Guardian Name(s): _____

Home Phone: _____ Mobile Phone: _____ Mobile Phone2: _____
Mom Dad

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Father's Employer: _____ Title: _____ Work Phone: _____

Mother's Employer: _____ Title: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____
(Other than parent/guardian)

Mobile Phone: _____ Day Phone: _____ Evening Phone: _____

How did you hear about Jump Start Gymnastics?

Birthday Party of _____ Friend/Family _____

Advertisement in _____ Other _____

PEORIA JUMP START KIDS' ACTIVITY CENTER INC. DBA "JUMP START GYMNASTICS" MINOR CONSENT AND ASSUMPTION OF RISK WAIVER

In consideration for my/my child's participation at JUMP START GYMNASTICS, (JSG), and being allowed to participate in any academy events or activities, the parents/legal guardians of the minor participant named above agrees:

- Participant shall be instructed to follow all JSG and USA Gymnastics safety guidelines at all times.
- I/We fully understand and will instruct the minor participant that:
 - There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
 - The social and economic losses and/or damages, which could result from those risks and dangers, could be severe.
 - These risks and damages could be caused by the negligence of participant or the negligence of others.
 - There may be other risks not known to us, or are not reasonably foreseeable at this time.
- I/We agree that this Consent and Assumption of Risk Statement pertains to each and every event or activity sponsored by JSG.
- I further agree that JSG along with its owners, employees, agents, officers and directors shall not be liable for any losses or damages, including any personal injury, occurring as a result of participation in JSG events EXCEPT where such loss is the result of the intentional or reckless conduct of any individuals identified above. I further agree to hold harmless and fully indemnify JSG, its owners, employees and agents, for any and all losses, damages or claims of any nature which arise out of my child's participation at JSG, in the event a claim is presented to or made against JSG.

SERVICE/PAYMENT AGREEMENT

JSG will provide quality and safe instruction for the student named above. In return, I/we agree to pay Jump Start Gymnastics the designated Session fees for such services until such time that I/we notify Jump Start Gymnastics, in person, that I/we wish to discontinue services. I/We understand that I/we will automatically be billed each session and payment expected for services received or intended until such date that the notification has been received.

I/WE HAVE READ THE ABOVE MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT AND SERVICE/PAYMENT AGREEMENT AND SIGN VOLUNTARILY.

SIGNED: _____ DATE: _____
Parent/Legal Guardian ... continue on the reverse side

HEALTH HISTORY FORM

Student's Name: _____
Last Name First Name MI

Physician's Name: _____ Phone # _____

Date of Last Exam: _____ Date of Last Tetnus: _____

Medical Insurance Carrier: _____ Group or Policy # _____

Health History (Check all that apply)

- _____ Frequent Ear Infections _____ Heart Defect/Disease _____ Mononucleosis
- _____ Convulsions _____ Diabetes _____ Psychiatric/Psychological Treatments
- _____ Bleeding/Clotting Disorders _____ Hypertension

List any known allergies/allergic reactions: _____

List any previous surgeries (date/reason): _____

List any previous broken or dislocated bones: _____

Are there any mental/learning disabilities we should be aware of? _____

Are there any other health concerns you feel we should be aware of? _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities at Jump Start Gymnastics except as noted.

Signature of Parent/Guardian _____ Date: _____

MEDICAL CONSENT STATEMENT

I, the parent/legal guardian of _____, hereby give my consent for Jump Start Gymnastics to provide, through a medical staff of its choice, customary medical attentions, transportation, and emergency medical services as warranted to the above named child if I cannot be contacted and a reasonable effort has been made to do so.

PUBLICITY RELEASE (optional)

I/We hereby consent to allow Jump Start Gymnastics to photograph/video tape my child, _____, and use any and all photographs/video tapes and any reproductions thereof for the sole purpose of promoting and marketing Jump Start Gymnastics activities without compensation. I/We further agree that such materials shall constitute Jump Start Gymnastics property with full right of distribution.

Signature of Parent/Guardian _____ Date: _____

FOR OFFICE USE ONLY

Date: _____ Session: ____ Fall ____ Winter ____ Spring ____ Summer

Class Name: _____ Day: _____ Time: _____

Session Total \$ _____ +

Annual Registration Fee \$ _____ (\$35.00 / child, \$60/family)

Total Paid: \$ _____

| | |
|-------------------------|-------|
| Method of Payment: | |
| ____ Cash # _____ | _____ |
| ____ Check # _____ | _____ |
| ____ VISA # _____ | _____ |
| ____ Mastercard # _____ | _____ |