

Date: _____

JUMP START GYMNASTICS UPDATE FORM

STUDENT'S NAME: _____ **BIRTHDATE:** _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

ADDRESS: _____

HOME PHONE: _____ *EMAIL: _____

*Necessary for using the Online Customer Portal.

Last Health Exam _____ Last Tetanus _____

Changes in your child's medical history...

New Doctor _____ Phone _____

New Insurance _____

Allergies _____

Surgeries _____

Broken/Dislocated Bones _____

Mental/Learning Disabilities _____

Other Health Concerns _____

Emergency contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
-------------	---------------------	--------------

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:

1. Participant shall be instructed to follow all JSG and USA Gymnastics safety guidelines at all times.
2. I/We fully understand and will instruct the minor participant that:
 - A. 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.
 - B. The social and economic losses and/or damages, which could result from those risks and dangers, could be severe.
 - C. These risks and damages could be caused by the negligence of participant or the negligence of others.
 - D. There may be other risks not known to us, or are not reasonably foreseeable at this time.
3. I/We agree that this Consent and Assumption of Risk Statement pertains to each and every event or activity sponsored by JSG.
4. 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.

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

Printed Name _____

Signed _____ Date _____

CLASS NAME: _____ **DAY/TIME:** _____

Registration Fee: _____	Session Cost: _____	Payment Form: _____
Master Book: _____	Initials: _____	Amount: _____