

JUMP START GYMNASTICS STUDENT REGISTRATION

Today's Date: _____

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

Parent/Guardian Name(s): _____ Home Phone: _____

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

Parent/Guardian's Employer: _____ Title: _____ Work Phone: _____

Email Address: _____ Mobile Phone: _____

Parent/Guardian's Employer: _____ Title: _____ Work Phone: _____

Email Address: _____ Mobile 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 _____ Advertisement in _____
 Friend/Family _____ Other _____

HEALTH HISTORY

Physician's Name: _____ Phone # _____

Date of Last Exam: _____ Date of Last Tetanus: _____

Medical Insurance Carrier: _____ Group or Policy # _____

List any known allergies/allergic reactions: _____

List any previous surgeries (date/reason): _____

List any previous broken or dislocated bones: _____

Are there any mental/learning delays or concerns 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.

Signature of Parent/Guardian _____ Date: _____

JUMP START GYMNASTICS STUDENT REGISTRATION

Today's Date: _____

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

MAKE UP POLICY

Make ups for missed classes are not guaranteed.

To be eligible for a make up class, the office must be notified in advance if the student is going to miss their original class.

Make ups must be scheduled in advance by calling or visiting our office.

Make ups are scheduled in similar classes that do not have the maximum number of students already registered.

Due to the number of students who participate in classes, we cannot guarantee makeups for missed classes.

Make up classes must be completed within 30 days of the missed class and the student must be currently enrolled.

Signature of Parent/Guardian _____ Date: _____

PHOTOGRAPHY/VIDEO CONSENT

I, the parent/guardian of _____, herein grant Jump Start Gymnastics and their authorized personnel and employees, the right to take and use photograph(s) and/or video images of me (or the aforementioned gymnast) for the purposes of publication, promotion, education/training and other similar purposes intended to support or otherwise promote the mission and goals of Jump Start Gymnastics. Such uses may include but are not limited to the right to use such images or visual depictions in printed and online media, including social media. Acknowledging the above, I hereby release and will hold harmless Jump Start Gymnastics, and their authorized personnel and employees from all claims associated with, any claimed liability related to said images or video, and specifically agree that in no case shall Jump Start Gymnastics be held liable for any claims based upon the use or misuse of such images or video. This release does not grant Jump Start Gymnastics or their authorized personnel or employees permission to sell photo or video rights to a third-party or make such images available for any commercial use or purpose.

Signature of Parent/Guardian _____ Date: _____

CAMERA POLICY

In following the USAG guidelines, children may not be photographed or filmed and no images of children may be posted publicly or privately without a parent's written consent in the case of minor children. Therefore, no photography or videography is permitted during class times, except during designated camera weeks.

Signature of Parent/Guardian _____ Date: _____

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.
 1. 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* AND SIGN VOLUNTARILY.

Signature of Parent/Guardian _____ Date: _____