

Jersey Jets Gymnastics Inc. Liability Release and Injury Warning

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

Students Name: _____ Sex: _____ Date of Birth: _____

Student 2 Name: _____ Sex: _____ Date of Birth: _____

Student 3 Name: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____

Parent 1: 1st name: _____ Home phone: _____ Cell: _____

Parent 2: 1st name: _____ Home phone: _____ Cell: _____

Emergency Name: _____ Relationship: _____ Cell: _____

Medical Insurance Carrier: _____ Policy Holder: _____

Primary medical insurance is required for participation **Please write any Medical information we would need about your child on the bottom**

How did you hear about us? Yellow pages Website Friend Other: _____

IMPORTANT READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING

RISK OF INJURY WARNING

In consideration of your child's participation in activities at Jersey Jets Gymnastics, Inc. I state that I understand the nature of this activity and that the student(s) are qualified, in good health, and in proper physical condition to participate in this activity. I also acknowledge that if I believe that the conditions are unsafe I will immediately discontinue the participation of my child in the activity. **Jersey Jets Gymnastics, Inc. is warning that GYMNASTICS HAS A RISK OF PHYSICAL INJURY THAT CANNOT BE ELIMINATED.** Included are minor injuries and more serious such as broken bones and dislocations. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling onto the back, neck or head. I further understand that there are other risks either not known to me or unforeseeable at this time. I fully accept and assume all responsibility for loss, damages, and costs incurred as a result of participation in this activity.

RELEASE INFORMATION

As a participant or legally responsible person for the students(s) listed above, I recognize the serious risk in gymnastics, trampoline and tumbling. I assume all responsibility for the student(s) listed above and release Jersey Jets Gymnastics, Inc. and all employees from losses resulting from participation in activities sponsored by Jersey Jets Gymnastics, Inc. This also certifies that the students(s) are physically able to participate in vigorous physical activity and competitive sport and that I understand and will fulfill my monthly financial obligations.

SAFETY INFORMATION

Please pick up all students promptly at the end of class. Make sure that when children are waiting for your arrival that they do not leave the building. Please plan to stay with young children during their class. If you do need to leave your child during their class make sure that they know and the desk has your cell phone number and knows you will be gone. If you will be late for pick up of your child please make sure to give us a call so we can explain the issue to your child and that they should wait in the lobby until you arrive.

ENROLLMENT FORM

Enrollment is accepted by filling out the current enrollment form. All information and warnings listed here for your trial class are considered part of your contract of enrollment. All payment and attendance policies are listed on this form. You are not considered enrolled or holding a spot in class until the form is completed. The fall enrollment form holds your spot from September through June. The summer enrollment form holds your spot for July and August. If for any reason you wish to drop your child's class during the year a drop class form must be filled out prior to the 1st of the month you will be dropping. All forms: registration, enrollment and drop class forms can be found at the desk and on the website and can be sent in on-line.

____ I will ____ I will not allow images of the students listed above to be used on the Jersey Jets Gymnastics website or promotions.

Signed: _____ Date: _____

Print Name: _____ Trial class day & time: _____

Desk: Trial class name Day, Date & Time Desk Initials Enrolling Scanned