

JUMP'N JOY Gymnastics

215.570.0678 / debjumpjoy@yahoo.com / <http://debsjumpnjoy.com/>

Participant Registration Form

Participant's Name _____

Birth Date: _____ Gender: _____

Parent/Guardian Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Health Insurance Provider _____ ID # _____

Physician's Name _____ Phone _____

Does Participant have asthma? _____ Please list all known allergies _____

Physical, learning, or emotional concerns _____

Past surgeries (include date) _____

Fractures or sprains (include date) _____

Past Gymnastics experience _____

Gymnastics interests, expectations, concerns or problems we should know about your child

Class: _____ Day: _____ Time: _____ Level: _____

Please complete reverse side of form

Office Use Only: Amount Paid: _____ Date: _____ Expiration Date _____

Beg. I _____ Beg II _____ Beg III _____ Int _____ Ad _____

JUMP 'N JOY Gymnastics

Parent or Guardian Name _____

(Please print)

1. I am aware, understand and agree to follow the guidelines and policies set forth by Jump N Joy Gymnastics.

Parent or Guardian Signature _____ Date _____

2. I fully understand that Debbie's Jump 'n Joy Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of Debbie's Jump 'n Joy Gymnastics to render temporary first aid to my child or children in the event of an injury or illness, and if deemed necessary by the staff of Debbie's Jump 'n Joy Gymnastics, to call our physician and seek medical help, including transportation by a Debbie's Jump 'n Joy Gymnastics staff member and/or representative, whether paid or volunteer, to any health facility or hospital, or the calling of an ambulance for said child should the staff of Debbie's Jump 'n Joy Gymnastics deem this necessary.

Parent or Guardian Signature _____ Date _____

3. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Debbie's Jump 'n Joy Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Debbie's Jump 'n Joy Gymnastics and/or its representatives, whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn said child/children about the dangers of gymnastics and the possibility of injury. The parent should warn the child according to what they feel is appropriate. Debbie's Jump 'n Joy Gymnastics will warn the child only through "safety messages", teaching style and progressions.

Parent or Guardian Signature _____ Date _____

4. I _____ give permission for my child _____ to be
(Parent Name) (Child's Name)

photographed for promotional purposes. _____

Please sign under each statement above

We, the staff of Debbie's Jump 'n Joy Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance, and that students may suffer injuries, possibly minor, serious, or catastrophic in nature. **GYMNASTICS, TUMBLING AND CHEERLEADING CAN BE DANGEROUS AND CAN LEAD TO INJURY!** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. The coaches, instructors and other staff members of Debbie's Jump 'n Joy Gymnastics will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, dance instruction or open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate, or while traveling to or from the event.