

## Jam Hops 2011-2012 Camp Registration Form

Child's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies to food or medication: \_\_\_\_\_

Special medications: \_\_\_\_\_

Directions for use: \_\_\_\_\_

Any other concerns: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Jam Hops Gymnastics

## 2011-2012

## Permission for Participation

*(Note: Child will not be allowed in the gym without this completed & signed authorization)*

Child's Address \_\_\_\_\_  
Street City Zip

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in gymnastics or cheer activities/birthday party/field trip provided by Jam Hops Gymnastics Factory (Jam Hops). I am aware that there may be risks involved and that serious injury and even death may result with improper conduct of this activity. I have instructed my child to follow directions.

**Authorization of Medical Care:** In case of injury or illness while at Jam Hops, and in cases where a parent can not be reached, the staff of Jam Hops may authorize medical treatment.

**Agreement to Participate:** I understand that gymnastics like any other situation involving height, involves risk and chance of injury. This child has no problems that might compromise their safe environment.

**Liability Waiver:** I understand and acknowledge that the activity conducted at Jam Hops imposes known risks which could result in injury, paralysis, death or damage to my child, property, or third parties. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I will have no right to make a claim or file a lawsuit against Jam Hops, their agents, owners, employees, or any other person or entity acting in any capacity on their behalf.

I have read, understand and agree with all statements above.

Signature \_\_\_\_\_ Date \_\_\_\_\_