

23700 Mercantile Rd Beachwood, OH 44122 Rear of: National Biological Building (216) 896-0295 jsgymnastics.com jsgymnastics@jsgymnastics.com

Today's Date:

Registration and Waiver Form

Please Write Clearly

Class Title:	Day/Time:	Session/Camp:	
Student Name:		D.O.B	
Any Medical Conditions:		Gender: M or	F
Parent Names 1)	2)		
Emails: 1)	2)		
Phones: 1)	2)		
Billing Address:	City:	State: Zip:	
As legal guardian of the registered student Start! Gymnastics Incorporated programs. potentially severe or catastrophic injuries, activity involving height or motion include bars, beam, and trampoline. I hereby releast teachers, and coaches from all liability for instruction, supervision, or control of Jumor while at any of its off site programs. As individually provide for the possible future or myself as a result of any injury sustaine acknowledgement of risk and waiver of liasigned voluntarily as to its content and into	I am fully aware of and he including permanent para- ing gymnastics and related use Jump Start! Gymnastics any and all damages suff p Start! Gymnastics Incores the legal guardian or the e medical expenses that med while with Jump Start! ability having been read the	ave a complete understanding that lysis or death may be associated with a d activities that include tumbling, vaulti s Incorporated, its officers, employees, ered by my child or myself while under porated at the 23700 Mercantile Rd fac aforementioned person, I hereby agree ay be incurred by the aforementioned c Gymnastics Incorporated. This	ny ing, the ility to
Parent/Guardian Signature:		Date:	
Photography Release Agreement As the legal guardian, I hereby give Jump my daughter or son in association with pro Incorprated. I agree that the pictures shall Incorporated.	omotional and advertising	material for Jump Start! Gymnastics perty of Jump Start! Gymnastics	of
Parent/Guardian Signature:		Date:	