



J.E.T.S. Gymnastics Registration

Gymnast Information

<u>Gymnast Name</u>	<u>Birth Date</u>	<u>M/F</u>	<u>Age</u>
1. _____	_____	M/F	___
2. _____	_____	M/F	___
3. _____	_____	M/F	___

Parent/Guardian Information and Emergency Contact

Mother/Guardian Name _____

Father/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary Email _____

Emergency contact if Parent/Guardian cannot be reached:

Name _____ Phone _____

Medical Health Information

If registering more than one child, be specific to which child your response pertains. My child(ren) has/have the following medical concerns:

Medical Insurance Company _____ Preferred Facility (circle one) St. Mary's Olmsted Medical Center

For Office Use	Membership Date _____	Payment Received _____
Class Placement _____	Start Date _____	

WAIVERS AND RELEASE FORM

Waiver & Release: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in a gymnastic event. I further agree that Junior Elite Training Center (J.E.T.S. Gymnastics) their agents, officers, employees, instructors, directors, and landlords shall not be liable for any losses or damages occurring as a result of participation in the event. As legal parent or guardian of this participant, I hereby verify by my signature on the following page that I fully understand and accept each of the above conditions for permitting my child to participate in the event.

Medical Release: I hereby give consent to J.E.T.S. Gymnastics to provide medical care, and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Image Release: I hereby give consent to J.E.T.S. Gymnastics to use my child's image in any form of media, including print, television, and internet, for advertisement and promotional purposes.

Policies / Makeup Policies:

1. Students must make up classes within 30 day of absence. 1 make up per month allowed.
2. Make-ups must be scheduled in advance at the front desk or by phone.
3. It is your responsibility to attend the appropriate class each week and schedule a make-up if you miss a class. We will not pro-rate, reimburse, or credit your account for missed classes, dropping mid-month, or failure to inform us of dropping a class.
4. You must notify the J.E.T.S. Office Staff if your child is stopping gymnastics class participation. If we are not notified before the next payment due date, you will be responsible for that payment.
5. If payment is not received during payment week, your will be assessed a \$5 late fee-no exceptions.

Parent/Guardian Signature _____ **Date** _____

CONSENT FOR TREATMENT OF A MINOR INJURY AND ASSUMPTION OR RISK RELEASE FROM LIABILITY

I, the undersigned, as the parent(s)/guardian of _____ give my permission to J.E.T.S. Gymnastics Junior Elite Training School to act on my behalf to contact an available medical provider and hereby authorize the physicians and their associates of an appropriate medical facility to perform such diagnostic, medical, and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child(ren), I fully understand that in the case an ambulance is required, my insurance company will cover the cost.

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I agree that I fully understand and agree to abide by the rules and policies outlined in the Junior Elite Training School Policies Agreement. By signing below I am in agreement that I am aware of such policies and will properly inform the minor(s), or anyone participating on the minor's behalf, of these policies.

Printed name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ **Date:** _____

New/Renewal From: ____ - ____ **To:** ____ - ____

\$50 Transaction Fee is non-refundable