

Last Name: _____

JAM'NASTICS Inc.
Programs 2007-2008
Registration Form

Under 18
Parent/Guardian Signature Required

P O B o x 3 9 1 8 7 1 C a m b r i d g e , M A 0 2 1 3 9 (6 1 7) 3 5 4 - 5 7 8 0

- | | |
|---|---|
| <input type="checkbox"/> After School Programs (circle days): M Tu Wed Th Fri
(please specify program) _____ | <input type="checkbox"/> Special Olympics Program |
| <input type="checkbox"/> Instructor-Training Program | <input type="checkbox"/> Classes: _____ |
| | <input type="checkbox"/> Other: _____ |

How did you hear about JAM'NASTICS Inc.? _____

PARTICIPANT'S INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Race/Nationality (optional): _____

School Name: _____ Grade: _____

Teacher's Name: _____ Room #: _____

PARENT/GUARDIAN #1 (Participant's Primary Residence):

First Name: _____ Last Name: _____

Home Address/Street: _____ Apartment #: _____

City, State: _____ Zip: _____ Employer: _____

Home Phone #: _____ Work/Daytime Phone #: _____ Other Phone #: _____

Email Address: _____

PARENT/GUARDIAN #2:

First Name: _____ Last Name: _____

Home Address/Street: _____ Apartment #: _____

City, State: _____ Zip: _____ Employer: _____

Home Phone #: _____ Work/Daytime Phone #: _____ Other Phone #: _____

Email Address: _____

**DOES THE PARTICIPANT HAVE ANY HEALTH CONCERNS THAT WE SHOULD BE AWARE OF?
IF YES, PLEASE EXPLAIN BELOW:** _____

IN CASE OF EMERGENCY, if parent cannot be contacted:

Name: _____ Phone Number(s): _____

Relationship: _____

Name: _____ Phone Number(s): _____

Relationship: _____

PLEASE TURN OVER

----- For Office Use Only -----

Date Received: _____ Start Date: _____
 SC FA Form Doc Award PP Deposit _____ Full _____

DROP-OFF INFORMATION:

How will the participant be arriving at the program?

PARTICIPANT HAS PERMISSION TO WALK HOME/LEAVE ON OWN:

YES NO

PICK-UP INFORMATION:

Participant may be released to any of the following ____ (number) people:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone # (s): _____

Phone # (s): _____

Address: _____

Address: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone # (s): _____

Phone # (s): _____

Address: _____

Address: _____

Acknowledgment of Risk and Waiver of Liability

As parent or legal guardian of _____ (participant's full name), I hereby consent to the aforementioned participating in dance and gymnastics related activities with *JAM'NASTICS Inc.* I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, or other related activities. I understand it is the express intent of *JAM'NASTICS Inc.* to provide for the safety and protection of the participant at any facilities utilized by *JAM'NASTICS Inc.* including, but not limited to Fletcher-Maynard Academy, Cambridge Rindge and Latin School, YWCA, Cambridge Community Center, Area IV Youth Center, Community Art Center, M.I.T., and Energized Athletics. I hereby release, *JAM'NASTICS Inc.*, their volunteers, contracted workers, assistants, and spotters from all liability for any and all damages suffered by the participant while under the instruction, supervision, or control of *JAM'NASTICS Inc.* As parent or legal guardian of the aforementioned person, I hereby agree to individually provide for possible future medical expenses which may be incurred by the participant as a result of any injury sustained while participating in dance and gymnastics at this *JAM'NASTICS Inc.* program. This acknowledgment of risk and waiver of liability has been read thoroughly and understood completely, and is signed voluntarily as to its content and intent.

Permission, Transportation, and Medical Release

My child, has permission to ride public transportation, vans, carpools or other modes of transportation used by *JAM'NASTICS Inc.* as long as he/she is under the supervision of a *JAM'NASTICS Inc.* staff member, assistant, or volunteer. My child has permission to participate in all field trips and other program activities. I acknowledge that any activity contains some risk and that, despite safety precautions and close supervision, an injury may occur, as this is the nature of activities. I understand that, in an emergency, every possible effort will be made to contact me, but in the event that I cannot be reached, my child may be transported to the nearest hospital. If my child should require medical attention while attending the program, I give my permission for such treatment.

Photograph and Video Waiver

I understand that participants may be photographed or video taped during the program. I give *JAM'NASTICS Inc.* permission to use such photos or videos for promotional purposes.

I have read, filled out, understand, and agree to all of the previous 2 pages of information.

Parent/Guardian Signature

Please print name

Date

Update Signature

Please print name

Date