

Student Release Form



Parent Information: PLEASE PRINT

Parent/s Name/s _____

Address (street) _____ (city) _____ (state) _____ (zip) _____

Home Telephone _____ Cell Phone _____ Work Phone _____

E-mail (we will not share this---for in-house purpose only) _____

How did you hear of us? circle one: Mailer Referral (see bottom of sheet) Livingston Parent Shopper's Journal
Newspaper Web Site Hockey MI Extreme
Sign on M-59 Jet's Pizza Flyer Other: _____

Student Information

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Student's Name _____ Sex _____ Age _____ Birthday _____

Address (street) _____ (city) _____ (state) _____ (zip) _____

Telephone _____ Additional Phone _____

Emergency Information

Emergency Contact (other than parent) _____ Telephone _____

Does the student have any medical conditions or taking any prescriptions to which we should be alerted? _____

If yes, please explain: _____

Acknowledgement of Risk and Waiver of Liability/Assumption of Risk

I hereby consent to members of my family participating in the Bounce House Inc./Hartland Sports Center LLC programs and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to martial arts, dance, gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Bounce House Inc./Hartland Sports Center LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Bounce House Inc./Hartland Sports Center LLC staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Bounce House Inc./Hartland Sports Center LLC staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Bounce House Inc./Hartland Sports Center LLC to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Bounce House Inc./Hartland Sports Center LLC, its officers, employees, affiliates (Kicks Tae Kwon Do, Dance Electric, Michigan Xtreme Cheer), teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Bounce House Inc./Hartland Sports Center LLC.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Bounce House Inc./Hartland Sports Center LLC to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information on the back of this form.

Parent or Legal Guardian

Date

THIS SECTION FOR NEW CUSTOMERS: where you referred by a current family?

YES NO

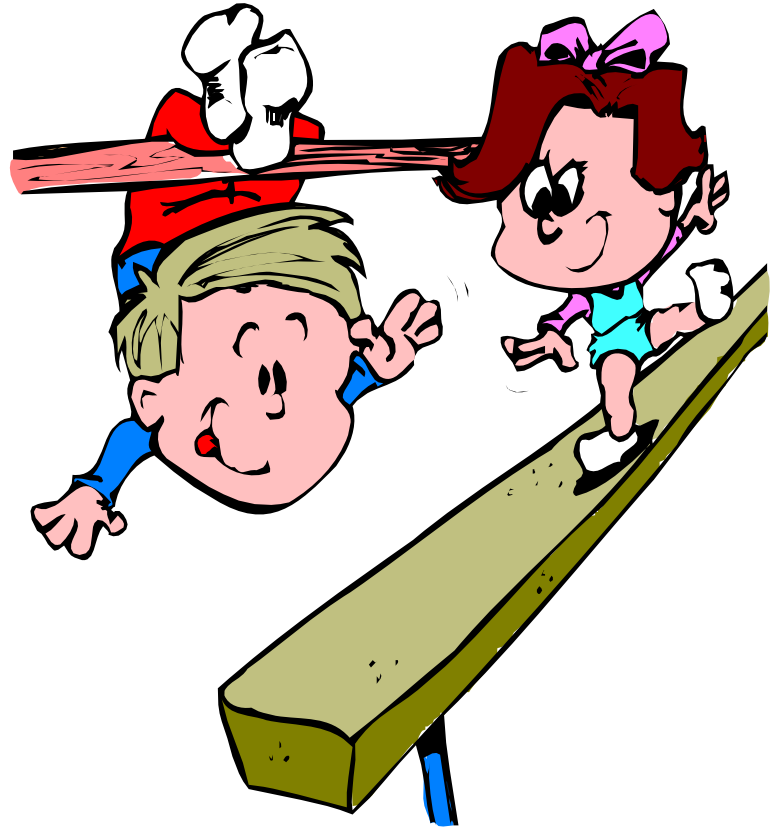
If yes, please state their name here so they can receive their "REFERRAL" credit: _____

for office use: last name of family listed above: _____ first paid session: _____

date ref coup mailed _____ initials _____

General Gym Information

- All Participants must have a parent-signed release form in order to participate!
- **FOOD, GUM OR BEVERAGES:** water bottles are permitted in the cubby area or under the benches. We have ample space in our main lobby for your food and beverages.
- For insurance purposes, parents & siblings are not allowed in the gym area. Please keep siblings in the seating (it is not safe for students to do gymnastics in the seating area)



Arrivals & Departures

- Please have your child remove his/her shoes & socks before class
- Place belongings in a cubby
- Students must wait on benches until the teachers call class to the gym
- All students must wait **INSIDE** the building until parent has arrived to pick them up from class

PLEASE GO OVER OUR GYM RULES WITH YOUR CHILD:

GENERAL

- Head-over-heels rotation and height of any kind, by nature, creates an inherent risk of injury. Please read the USAG safety poster by our front doors
- No activity without an instructor - no gymnastics in waiting area!
- Students walk **BEHIND** instructors during class and **ONLY** go on equipment as instructed

TRAMPOLINES

- 1 Person at a time
- Walk **ON** and **OFF**
- **NO** bouncing tramp-to-tramp, tramp-to floor, or tramp-top-pit
- **NO** attempting skills you haven't been taught in the gym

PITS

- 1 person at time (wait for person in front of you to get out)
- **NEVER** head-first or belly-first (land on seat, feet or back)
- **DO NOT** pick at the foam cubes

ROPES & CARGO NETS

- You must climb up and down hand over hand
- No sliding or dropping down

Please ask front desk if you'd like a copy of this General Gym Information flyer.