



# JAMES ACADEMY

*of* GYMNASTICS

Parent / Guardian		
Home Phone _____		
Father's Name _____	Occupation _____	Bus. Phone _____
Mother's Name _____	Occupation _____	Bus. Phone _____
Address _____	City _____	Zip _____
Child / Class 1		
First Name _____		Last Name _____
Age ____ Date of Birth _____		Grade _____ Class _____
Day(s) _____	Mo__ Tue__ Wed__ Thurs__ Fri__ Sat__	Time _____
Child / Class 2		
First Name _____		Last Name _____
Age ____ Date of Birth _____		Grade ____ Class _____
Day(s) _____	Mo__ Tue__ Wed__ Thurs__ Fri__ Sat__	Time _____
Child / Class 3		
First Name _____		Last Name _____
Age ____ Date of Birth _____		Grade ____ Class _____
Day(s) _____	Mo__ Tue__ Wed__ Thurs__ Fri__ Sat__	Time _____

How did you find about or what made you decide to join James Academy of Gymnastics?

I, the parent/legal guardian of the above named student, recognize that at some time during the course of gymnastic instruction, in order to achieve proper body placement and correct training exercises, the assigned instructor to my child may inadvertently touch his/her person in an impersonal manner while performing a "spot". A "spot" is the traditional way to correct body alignment and maintain safety in the sport of gymnastics and is recognized as gym policy.

Having been informed of the activities to be conducted by James Academy of Gymnastics, LLC, I a parent or guardian of the participant, gives my approval for the above named student's participation in any and all activities of the program. In consideration of my or the student's membership acceptance in the James Academy of Gymnastics, LLC, I hereby forever waive, and forever release and discharge James Academy of Gymnastics, its officers, owners, directors, professional consultants, and employees, from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

\_\_\_\_\_  
Signature of Parent, Guardian, or Participant (if adult)

Date \_\_\_\_\_