



Jacobs Gymnastics Membership, Registration, Waiver Form

Gymnast's Name _____ Birth date _____
Class day and time _____ Level _____
Parent's name _____ cell # _____ Place of employment _____
E-mail _____
Parent's name _____ cell # _____ Place of employment _____
E-mail _____
Home address _____ City _____ zip _____
Doctor's Name _____ Doctor's Phone # _____
Gymnast's School and grade _____

List any medical problems, emergency treatments, food or drug allergies, previous injuries, special instructions regarding your child's health:

Please initial one of the options to indicate your preference:

____ I authorize Jacobs Gymnastics to charge my credit card in payment for past due tuition only, greater than 30 days, and a late fee. I understand that I will also be notified via email before the charge occurs.

OR -

____ I authorize and request Jacobs Gymnastics to charge my credit card for monthly tuition on the first day of each month, for the month, for tuition plus a \$5 service charge for the convenience.

This information will be stored securely. All families must have a card on file for one of the above options.

Name on card _____ Customer's zip code _____

Credit card MC/VISA/Discover – number _____ - _____ - _____ - _____

Expiration date _____ Security code on back (3 digit number) _____

Please Read and Initial all the following policy items:

____ YES, Jacobs Gymnastics does have permission to use images of my child on the Jacobs Gymnastics website, and social media platforms of Facebook and Instagram pages.

____ Initial payment includes membership/registration fee of \$20 per recreational gymnast, \$30 per House Team/Xcel gymnast, and monthly tuition as quoted in the confirmation email. Registration fees renew each fall. Tuition is paid the first month in advance. We pro-rate only the first month if a gymnast is not beginning the first week of the month.

____ I agree to give Jacobs Gymnastics a **2-week written or email notice prior to discontinuing lessons**. Failure to do so will result in charges continuing until notice is given. My credit card will be charged as outlined above.

____ I understand a leotard is required. Lycra shorts are allowed (not required) and hair will be secured off face and neck for safety before class starts. Gymnasts should **not** wear sweatpants, loose clothing, jewelry, socks/tights, and leotards with skirts – all safety hazards.

____ Supervision of gymnasts and siblings in the lobby; before, during and after class is the responsibility of the parent. Any damage is also the parent's responsibility. Parents are not required to stay during class.

____ **Gymnasts are expected to be picked up promptly after class. Please make prompt pick up a priority! No one likes to be the one left waiting, especially when the coaches are locking the gym. To ensure safety, please be here a few minutes early. Also, let the lobby manager or coach know if someone else is picking up your child.**



ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

I do hereby give my permission and/or consent to Jacobs Gymnastics to secure and authorize such medical care and/or treatment for my child as might be required, in case of emergency. I also agree to pay all the costs and fees incurred for any medical care or treatment for my child as secured and authorized under that consent. I will not hold Jacobs Gymnastics or those affiliated with Jacobs Gymnastics responsible for any injury or illness.

I am further aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. Also, I understand that gymnastics, cheerleading and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. Participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may also pose risk. Participation is voluntarily with knowledge of the risks involved and parents hereby agree to accept any and all inherent risks of property damage, personal injury, or death. Parents/guardians also agree to indemnify and hold harmless Jacobs Gymnastics and all other listed for any and all claims arising as a result of their child engaging or receiving instruction in Jacobs Gymnastics, activities incidental thereto, whenever, wherever, or however the same may occur.

Our child has no physical or health conditions that would limit her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at Jacobs Gymnastics LLC, dba Jacobs Gymnastics; participate in activities at Jacobs Gymnastics; and to work on all of the necessary equipment. We understand that Jacobs Gymnastics will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, Jacobs Gymnastics staff has our permission to use their judgment with regard to treatment until we are contacted.

In consideration of being allowed to participate on behalf of Jacobs Gymnastics athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself, my child, from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and child and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Jacobs Gymnastics LLC, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE junto the fullest extent provided by law.

Name of Gymnast: _____

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

My insurance company is: _____ policy # _____

Mailing address:

Jacobs Gymnastics - 75 NE Venture Drive – Suite A - Waukee, IA 50263

<https://app.hellosign.com/s/Jj4BnE6>