



OZARK ADVENTIST SCHOOL JUNIOR AIRES

Application

Student Name _____

Grade _____ Date of Birth _____ Age _____

Parent/Guardian Name _____

Address _____ Home # _____

_____ Cell # _____

Email _____

Name of Billing Contact (if different from above) _____

Address _____

Student Medical History _____

Allergies _____

Medications _____

Emergency Contact _____ Phone _____

Notes _____



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Consent and Assumption of Risk

I am fully informed of the “normal” inherent risks associated with gymnastics, and it is my desire to participate in the Ozark Adventist School Junior Aires gymnastics program. With the consideration of participating in this activity, I hereby knowingly and intelligently assume the risks of harm and/or body injury to my person or property that are associated with or arise out of this activity.

I am fully aware that:

1. Gymnastics, with maneuvers involving body motion, rotation, and height, creates an increased risk for severe head, neck, or spinal injuries and even death.
2. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
3. My negligence or the negligence of others may cause these risks and dangers.
4. There may be other risks not known or reasonably foreseeable at this time.

I have been instructed that prior to participation in any event, I am to inspect the facilities and equipment to be used, and to immediately advise the instructor if I believe anything is unsafe, and refuse to participate when such unsafe conditions are believed to exist.

I promise to abide by the gymnastics safety guidelines. I realize these guidelines are designed for my safety.

I am _____ years of age and my parent/guardian and I have read and understand this entire agreement.

Signature of Applicant

Date

Signature of Parent

Date

-OR-

Signature of Guardian

Date

Please print name of child: _____