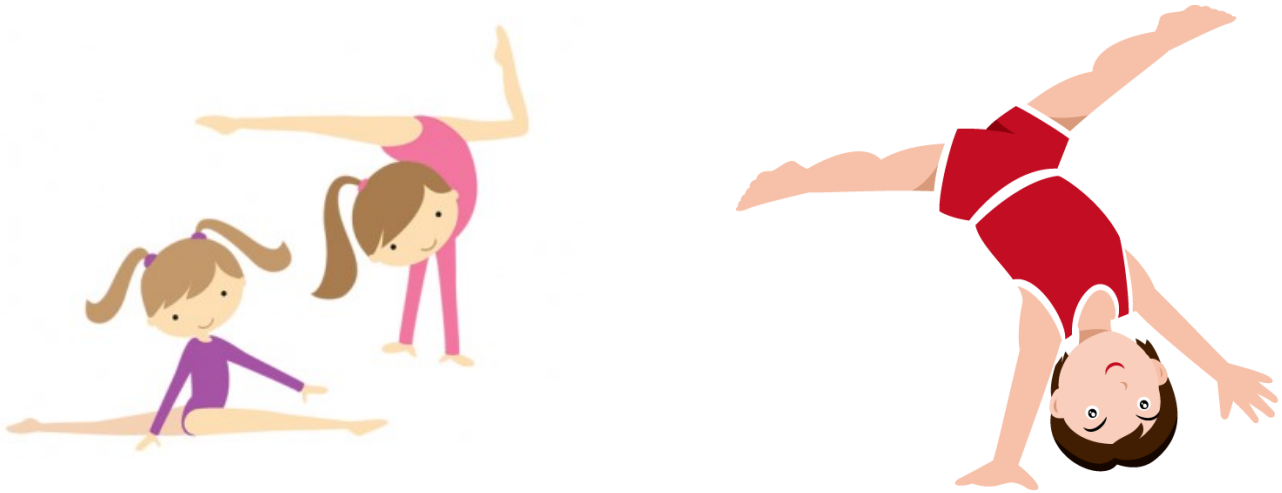


# Flyaways Gymnastics Homeschool Class



**What:** Learning gymnastics in a fun and exciting atmosphere. Includes strength, flexibility, and gymnastics skills.

**When:** Begins Thursday, November 2nd through Thursday, May 31st

**Time:** 9:30-10:25am

**Cost:** \$45 yearly registration fee and \$48/month \*Billing will be done monthly (If you are unable to attend a certain month you will not be billed, but a 30 day written notice is needed.) We will need at least 5 athletes to run the class.

**Ages:** boys and girls 5&up

Flyaways Gymnastics  
[www.flyawaysgymnastics.com](http://www.flyawaysgymnastics.com)  
651-464-8648

 Flyaways  
Gymnastics  
Practicing Life...



# WAIVER/RELEASE FORM

**\*\*This form must be signed and returned before participant can enter the gymnasium\*\***

**PLEASE PRINT CLEARLY:**

**Participant(s):**

1. Name: \_\_\_\_\_ Age : \_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age : \_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age : \_\_ DOB: \_\_\_\_\_

Medical Conditions we should be aware of? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are you a Flyaways member? Yes / No

**RELEASE OF ALL CLAIMS**

In consideration of permission granted to my child(ren) by J & J Gymnastics, LLC to participate in gymnastics & related activities under their supervision, I hereby release and discharge J & J Gymnastics, LLC of Forest Lake, MN, it's and their agents, employees, officers, shareholders, directors, successors and assigns from any and all claims, demands, judgments and executions which the undersigned and/or the undersigned's child and/or the undersigned's family had may have, or claim to have, against J & J Gymnastics, LLC their agents, employees, officers, shareholders, directors, successors and assigns, for all personal injuries, property damage and other damages, known or unknown, real or personal, caused by or arising out of the above-described gymnastics or related activities. I further agree to indemnify and hold J & J Gymnastics, LLC and their agents, employees, officers, shareholders, directors, successors and assigns, harmless from and against any and all such claims, injuries or damages. I give permission to J & J Gymnastics, LLC to take whatever emergency (e.g. first aid, disaster evacuation) measures that are judged necessary for the care and protection of my child (ren) while under the supervision of the center. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of your primary medical coverage. It is understood that in some medical situations, the staff will need to contact the local emergency resource before notifying the parent, child's physician, and/or other adult acting on the parent's behalf. I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance.

**WARNING! CATASTROPHIC INJURY, PARALYSIS OR DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THIS ACTIVITY.**

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_