

Chris and Nicole Julian

Golden Acres Drive

Sierra Vista, AZ 85650

716-440-7233

[julianspgtt@gmail.com](mailto:julianspgtt@gmail.com)

Level/Class \_\_\_\_\_\_\_\_\_\_\_\_ Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Use Only Where did you hear about us?

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Letter \_\_\_\_\_\_\_\_\_\_\_

1st Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Emergency Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the child have a physical or mental disability or illness about which the instructor and JPG needs to be aware of for instructional modifications or emergency purposes? If yes, please explain and fill out the next paragraph. Initial:\_\_\_\_\_\_
2. **PHYSICIAN’S APPROVAL:** Physician approval should be obtained by all participants prior to participating in any high activity program. If the participants refuse to obtain a physician’s approval, (s)he/guardian must sign the following statement:
   1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been informed of the need for a physician’s approval to participate in a high activity progressive program. I fully understand the strenuous nature of the program. I accept full responsibility for my health and well-being in the voluntary Julian’s Parkour & Gymnastics, LLC (hereinafter “JPG”) program(s) and related testing. I understand that no responsibility is assumed by the owners, staff, or sponsoring agencies. Initial: \_\_\_\_\_\_\_\_\_
3. **MEDICAL ATTENTION:** I hereby give consent for USAG, AZGA, American Red Cross, and JPG, LLC or any Host Organization of any USAG, American Red Cross, or AZGA sanctioned event to provide, through \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital or medical facility & staff of its choice, customary medical-athletic training attentions, transportation, and emergency medical services as warranted in the course of my participation in Gymnastics, Parkour, Cheerleading, or Fitness event training, practice or promotion. Initial: \_\_\_\_\_
4. **INJURY REPORTING:** I am fully aware of my responsibility to immediately report and complete an injury report form for all injuries. Please report to your coach, instructor, and/or meet staff. I realize that failure to do so will hinder proper medical treatment. Initial: \_\_\_\_\_\_

**PARTICIPATION AGREEMENT/RELEASE/ASSUMPTION OF RISK**

1. **WAIVER RELEASE:** I am fully aware of and appreciate the risks of physical injury associated with participation in a gymnastic, aerobic, parkour, or cheerleading event, training, practice, class, and/or promotion. I further agree that USAG, American Red Cross, JPG LLC (both owners and staff), agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any of these programs. Initial: \_\_\_\_\_\_
2. **ASSUMPTION OF RISK:** Participation in Gymnastics, Parkour, Aerobics, Cheerleading and any other JPG activities involves motion, rotation, height, and other risks specific to each sport or activity in a unique environment, and as such, it carries with it a reasonable assumption of risk. **WARNING:** Catastrophic injuries, paralysis, or even death can result from improper conduct of the activity. Dress appropriately, follow accepted warm-up practices, and be mentally prepared to engage in said activity. Initial: \_\_\_\_\_\_
3. **SUPERVISION:** I hereby place myself or student under the supervision of the USAG and JPG, and a result, can be removed from class or competition for unruly, uncooperative, disruptive, and/or unsportsmanlike conduct. When removed for such behavior, I forfeit the payment for that day’s class. I will not participate in any activity without competent supervision. Initial: \_\_\_\_\_\_
4. I hereby give consent for JPG to publish or post any photograph taken of participants in activities related to gym functions or activities. Initial: \_\_\_\_\_\_
5. Any child whose account is not kept up to date will lose his/her spot in class. Parents are financially responsible to pay for the spot in class whether the student attends class or not. Initial: \_\_\_\_\_\_

I HAVE READ THE POLICY LETTER AND RELEASE FORMS REGARDING ANY AND ALL CLASSES AT JPG. I AGREE TO FOLLOW ALL RULES AND UNDERSTAND THAT THERE IS AN ASSUMPTION OF RISK INVOLVED WITH PARTICIPATING IN THE SPORT OF GYMNASTICS. I AGREE NOT TO HOLD JULIAN’S PARKOUR & GYMNASTICS, ITS OFFICERS, AGENTS, AND/OR INSTRUCTORS RESPONSIBLE FOR ANY DAMAGES, INJURIES, PERMANENT DISABILITY, OR EVEN DEATH WHICH MAY OCCUR WITH MY ASSOCIATION TO JPG. I WILL GIVE PROPER NOTICE OF ANY INJURY THAT MAY LIMIT MY PARTICIPATION IN ANY CLASS AT JPG. I UNDERSTAND AND GIVE PERMISSION FOR MEDICAL TREATMENT TO BE INITIATED BY JPG STAFF.

Signature of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_