

airborne trampoline centre

4020 Sladeview Cres Unit #3 Mississauga, Ont. L5L 6B1
Tel. 905 828 2412 Fax 905 828 7036

CLASS REGISTRATION FORM PARTICIPANT CONSENT & MEDICAL DATA RECORD

Please print

Name of Participant _____ Age _____ M. ___ F. ___

Name of Parent(s)/Guardian: _____

Address _____

City _____ Postal Code _____ e-mail _____

Telephone No. H. _____ B. _____ Cell _____

Date of Birth _____

Emergency Contact 1. _____ Tel _____ Relationship _____

2. _____ Tel _____ Relationship _____

Does the participant have any physical, mental or medical conditions that, for safety reasons should be disclosed?

No _____ Yes _____

Details _____

CLASS DAY _____ TIME _____

PARENT/GUARDIAN CONSENT OF PARTICIPATION AND WAIVER

By submitting and signing this form, I acknowledge that I am aware that there are risks associated with trampoline. I warrant that the named on this information form is physically fit to participate in trampoline. I declare I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for Airborne's use in the delivery of a trampoline programme. I acknowledge that there is potential risk for injury involved in training, participating and competing in any sport. I understand that Airborne Trampoline Centre has tried to create a safe and controlled environment for all participants. The Airborne Trampoline Centre has established rules for participation and conduct on and about the trampoline area that **must** be followed and respected by the participant. I understand that failure to comply with any of the policies and rules of Airborne Trampoline Centre may result the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to the participation in trampoline or other involvement with Airborne Trampoline Centre.

I hereby give permission for emergency medical treatment to be administered to the participant as may be determined in the reasonable discretion of the Airborne Trampoline Centre employee. It is understood that wherever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results. In the case that medical attention is required, I give consent to have my child attended by a doctor of Airborne's selection.

I understand it is my responsibility to ensure that the information on this form is kept current and I will notify Airborne Trampoline of any changes immediately.

Signature of Parent/Guardian _____ Name _____ Date _____