

Last Name: _____

JAM'NASTICS Inc.
Programs 2007-2008
Registration Form

18 and Over
Participant's Signature Required

P O B o x 3 9 1 8 7 1 C a m b r i d g e , M A 0 2 1 3 9 (6 1 7) 3 5 4 - 5 7 8 0

Classes: _____

Dance Company: _____

Volunteer Program _____

Intensive Training Program: _____

Other: _____

PARTICIPANT'S INFORMATION:

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address/Street: _____ Apartment #: _____

City, State: _____ Zip: _____ Home Phone #: _____

Other Phone # (cellular, pager, etc): _____ Email: _____

Employer/School Name: _____ Work/Daytime Phone #: _____

DO YOU HAVE ANY HEALTH CONCERNS THAT WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN BELOW: _____

IN CASE OF EMERGENCY:

Name: _____ Phone Number(s): _____

Relationship: _____

Name: _____ Phone Number(s): _____

Relationship: _____

Acknowledgment of Risk and Waiver of Liability

I, _____ (participant's full name), I hereby consent to the aforementioned participating in dance and gymnastics related activities with *JAM'NASTICS Inc.* I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, or other related activities. I understand it is the express intent of *JAM'NASTICS Inc.* to provide for the safety and protection of the participant at any facilities utilized by *JAM'NASTICS Inc.* including, but not limited to Fletcher-Maynard Academy, Cambridge Rindge and Latin School, YWCA, Cambridge Community Center, Area IV Youth Center, Community Art Center and Energized Athletics. I hereby release, *JAM'NASTICS Inc.*, their volunteers, contracted workers, assistants, and spotters from all liability for any and all damages suffered by the participant while under the instruction, supervision, or control of *JAM'NASTICS Inc.* I hereby agree to provide for possible future medical expenses, which may be incurred as a result of any injury sustained while participating in dance and gymnastics at this *JAM'NASTICS Inc.* program. This acknowledgment of risk and waiver of liability has been read thoroughly and understood completely, and is signed voluntarily as to its content and intent.

Photograph and Video Waiver

I understand that I may be photographed or video taped during the program. I give *JAM'NASTICS Inc.* permission to use such photos or videos for promotional purposes.

I have read, completed, understand, and agree to all of the previous information.

Signature

Please print name

Date

----- **For Office Use Only** -----

Date Received:

Start Date:

SC FA Form Doc Award/Barter Deposit _____ Full _____