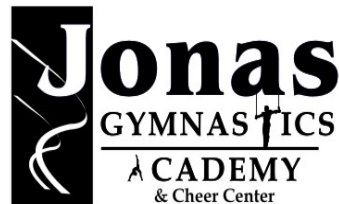


# Tumbling Clinic



**Saturday,  
April 12, 2008  
2:00-4:00 pm**



**Cartwheels, BackHandSprings, Full Twists  
- You name it, we'll work it – all levels -**

Open to Enrolled and Non-Enrolled Students  
Pre-Registration & Payment Required.

**\$20.00 Jonas Members  
\$25.00 Non members**

202 Commercial Ct.  
on Tennent Rd.  
next to Kiddie Academy  
Morganville, NJ

**732-536-0030**

[www.JonasGymnastics.com](http://www.JonasGymnastics.com)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Jonas Member: yes no

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

Mother/Father Name(s) \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_

#### Waiver & Release:

- I understand that participation in gymnastic and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily registering my child to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Jonas Gymnastics Academy, Inc., its affiliates, agents, owners and employees from any liability for accidents that occur or are incurred while participating at Jonas Gymnastics.
- I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation at Jonas Gym and/or under Jonas supervision.
- I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform Jonas Gymnastics in writing and attached to this form of any condition that Jonas Gym's staff should be aware of in dealing with the student during normal activities or in case of any emergency.
- I understand that all safety rules must be observed as listed in the gym, that no jewelry is to be worn and no food or gum will be consumed in the gym area. I understand that Jonas Gymnastics will not be responsible for any personal items brought into the gym.

I have read the rules and assumption of risk and sign it voluntarily.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



Office use only: Payment: \$ \_\_\_\_\_ CC, Cash, Check # \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_