



SPRING ACTION TRAMPOLINE

Drop-in number: _____

DROP-IN Winter 2017

Drop-in for: Instructional Public Open Jump

Day of Class: _____ Time of Class: _____ Amount Paid: _____ Date Paid: _____

Participant Name: _____ Birth date (D/M/Y): ___/___/___

Address: _____ City: _____ Postal Code: _____

Parent's Name (if under 18 years of age): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail Address: _____

Allergies or Medical Concerns: _____

How Did You Hear about Spring Action? (please specify the newspaper if possible!)

- Television Radio Internet Newspaper _____
- Other—Please Specify: _____

Notice Of Warning:

There is a potential risk of injury involved in training and participating in any sport. Spring Action has made every effort to create a safe and controlled environment for participation. Rules, that must be followed, have also been established for participation and conduct on and about the training area.

Terms of Service:

- I understand that after my third visit I will be required to purchase a Gymnastics Ontario membership.
- I understand that I must have been previously registered in a Spring Action program and have received flip approval in order to perform flips during the drop-in times.
- I understand that if I have selected the option to do a Public Open Jump that I will be informed of the rules and guidelines at the beginning of the session and that I will not receive instruction during the session.

Information:

Spring Action collects personal information from their participants for the purpose of registering their clients with Gymnastics Ontario, to issue receipts and to distribute information about our programs. Spring Action values your privacy and we do not sell or distribute your information with any other organization.

Signature of Participant or Parent (if under 18).

Date