



## Acro/Tumbling Permission Form

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In consideration of the Jewish Community Center of Greater Kansas City's tumbling/gymnastic class accepting myself or my child into participation and/or training in tumbling/gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in tumbling/gymnastics classes, programs, or lessons connected with the JCC.

I give my permission to the Jewish Community Center of Greater Kansas City to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my self or my child while under the supervision of the Jewish Community Center of Greater Kansas City.

In case of an emergency, I understand that I or my child may be transported to an appropriate medical facility by local emergency personnel for treatment if deemed necessary. I further understand that any transportation provided will be at my own expense.

It is understood that in some medical situations, the staff may need to contact local emergency personnel before the parent, physician and/or any others acting on behalf of the parent or family can be reached.

Further, I hereby identify and agree to hold harmless the Jewish Community Center of Greater Kansas City's employees, owners or volunteers from any claims, losses or expenses incurred on the behalf of me, my child or my child's family.

Speaking for myself or as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participation in tumbling/gymnastic activities at the Jewish Community Center of Greater Kansas City.

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_