

USA Trampoline Academy

Information Form

Name of Participant _____ Male _____ Female _____

Current Age _____ Date of Birth _____

Address _____ Town _____ Zip _____

Phone # _____ Email _____

Parent/Guardian's Name (if under 18) _____ Parent/Guardian's Cell # _____

Emergency Contact _____ Relationship to student _____ Cell # _____

Please list additional enrolled family-members or siblings _____

Has the student participated here before? Y N

How did you hear about us?

Does the student have any known allergies? Y N If yes, please explain:

Is the student taking medications we should be aware of? Y N If yes, please explain:

Does the student have physical, medical, or mental limitations we should be aware of? Y N

If yes, please explain:

Does the student have known injuries that we should be aware of? Y N

If yes, please explain:

Does participant suffer from asthma? Y N Please list any additional concerns you may have:

May we use your photo, or your child's photo, in our promotional items including our Facebook page, Website, and Instagram? Y N If yes, please sign:

(Signature)

(Date)