

2022 General Health & Injury Questionnaire

Participant Full Name: _____

Parents or Legal Guardian Full-name (IF APPLICABLE): _____

- Does the participant have current (active) Health Insurance coverage?
 NO. I am agreeing to assume participant's medical coverage in the event of any injury or any financial loss.
 YES. Name of insurance provider: _____
- Does this participant have known health issues, illnesses, pre-existing injuries (spine, neck, arm/leg, shoulder, ankle, etc) or any other pre-existing health conditions?
 NO
 YES
- Does this participant have a physician's approval (note/letter) to begin gymnastics, trampoline, tumbling, dance, and related physical activities at "USA Trampoline & Tumbling Academy"?
 NO, I have health concerns and/or previous injuries, but I do not have a physician's approval.
 YES, I have health concerns and/or previous injuries, and I have a physician's approval.
 N/A (not applicable)
- Is the participant over the weight limit of 285 lbs?
 NO
 YES I am over this weight limit.
 YES, but I have a physician's approval to take lessons here *specifically*.
Full-name & office of active/practicing physician: _____

USA Trampoline & Tumbling Academy does not tolerate discrimination or harassment of any person on its premises on the basis of race, national origin, ancestry, color, creed, religion, sex, sexual orientation, gender, gender identity, age, disability, or any other basis protected by law. However, **USA Trampoline & Tumbling Academy** reserves the right to deny participation in our **physical** activities based on participant's responses to the questions above.

By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that any FALSE statements or deliberate OMISSIONS on this form may subject me to LEGAL actions for FRAUDULENT misrepresentation.

SIGNATURE

TODAY'S DATE

YOUR RELATIONSHIP to participant (if applicable)