

2023 General Health & Injury Questionnaire

Participant Full Name: _____

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

1. 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:** _____
2. Does this participant have known health issues, known illnesses, pre-existing injuries (spine, neck, arm/leg, shoulder, ankle, heart conditions, etc.) or any other pre-existing health conditions?
- NO**
- YES**

3. If "YES" to Question 2 :
- I DO NOT have a physician's approval to join this school**
- YES, I have health concerns and/or previous injuries, but I have a physician's approval:**

Full-name & office of active/practicing physician: _____

4. Much of our equipment has a weight limit. Is the participant over the weight limit of 275 lbs.?
- NO**
- YES**

**Note: for Aerial Silks, Aerial Trapeze, and Lyra/Hoop classes, the weight limit is 200 lbs.*

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)