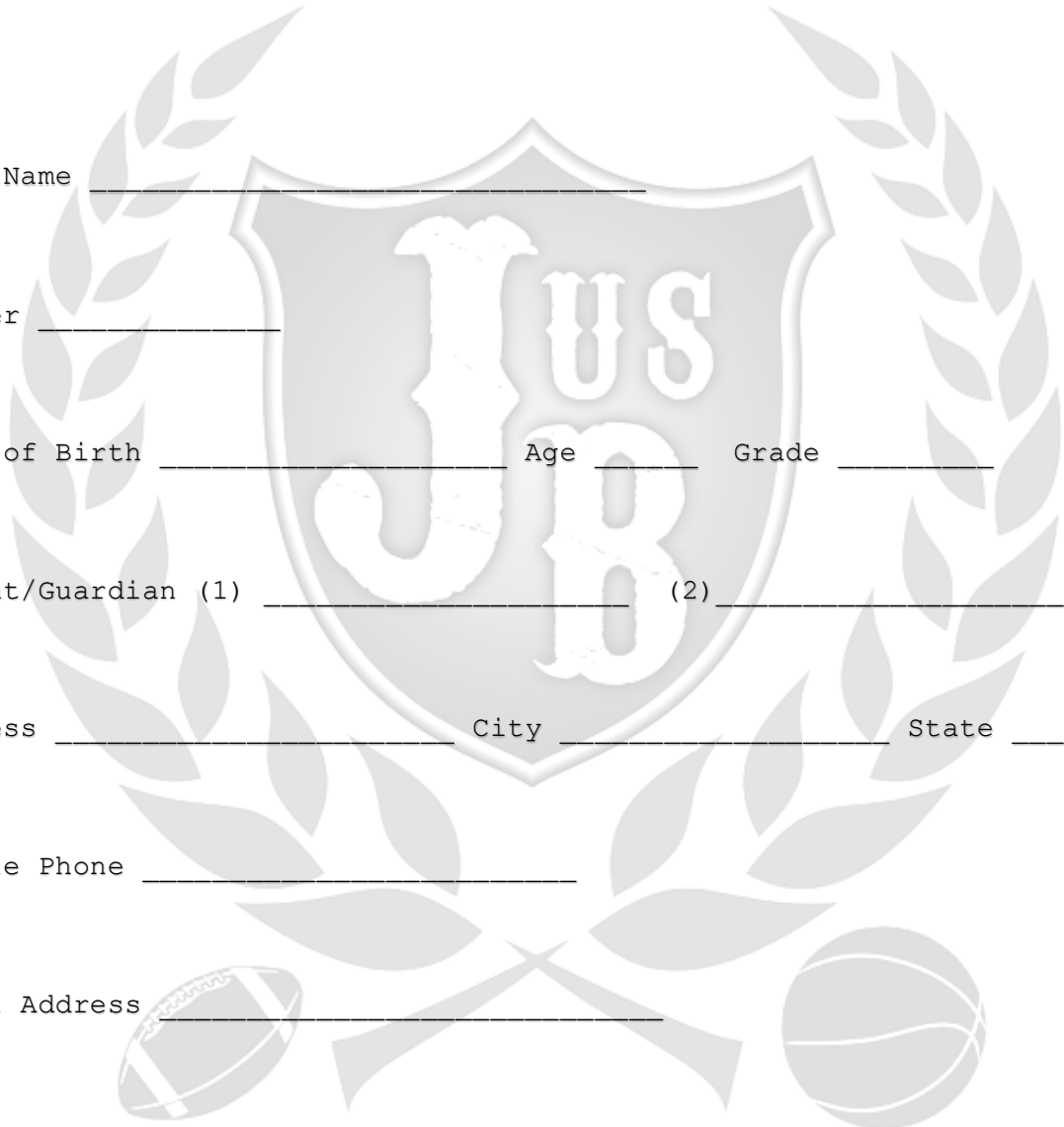


Jus Beginners Youth Training

Information/Waiver Form



Full Name _____

Gender _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian (1) _____ (2) _____

Address _____ City _____ State _____

Mobile Phone _____

Email Address _____

Jus Beginners

*Activities we present within this program can cause injury if the proper training techniques and caution are not followed and applied. When you play sports and train for sporting events, there is an inherent danger in doing so. Some activities presented herein are inherently dangerous. It is not intended as a substitute for formal instruction by certified or licensed instructors or physicians in the respective activity, nor is it intended for medical, nutritional or certification claims. Prior to undertaking the activities presented herein, please seek appropriate training and/or certification from a licensed or certified professional. Not all activities or exercise programs are suitable for everyone. Please consult your doctor before participating in these or any other sports activities, and discontinue any activity that causes discomfort. By agreeing to the training, you hereby release and discharge Jus Beginners Youth Training, its employees, affiliates, and participants of the materials contained herein from any and all liability, claims, demands or causes of action that you may have for injuries and damages arising out of the activities, advice or information contained herein.

Primary Emergency Contact

In case of an emergency, and I am unable to pick my child
_____ up at the required time, I authorize
_____ to act in my behalf.

Emergency Contact Number _____

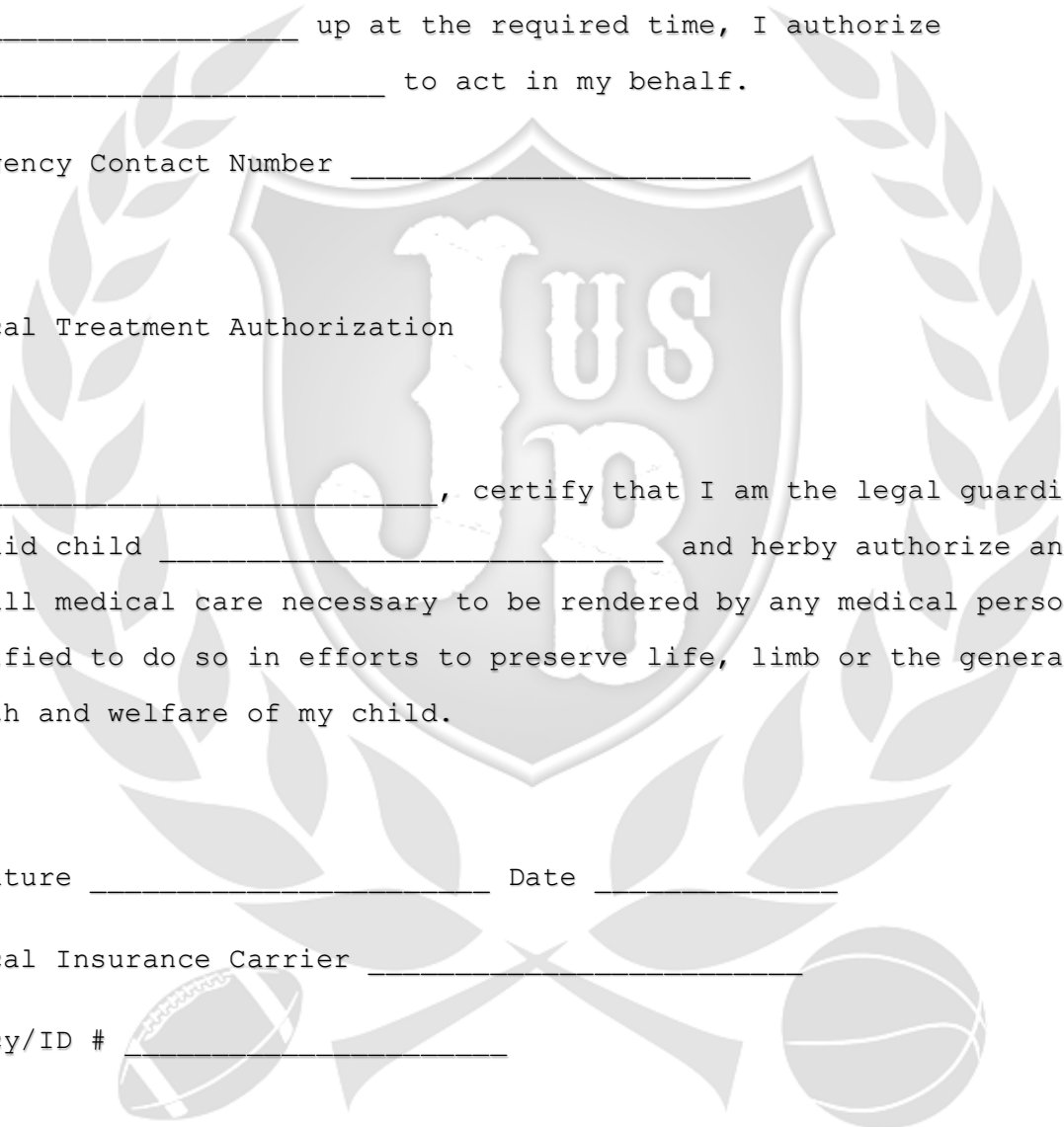
Medical Treatment Authorization

I _____, certify that I am the legal guardian
of said child _____ and hereby authorize any
and all medical care necessary to be rendered by any medical personnel
qualified to do so in efforts to preserve life, limb or the general
health and welfare of my child.

Signature _____ Date _____

Medical Insurance Carrier _____

Policy/ID # _____


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General Waiver

I agree not to file any formal complaints or claims against anyone associated with Jus Beginners Youth Training regarding any injuries that may occur related to the training.

I understand that as a voluntary participant, there are certain risk including, but not limited to serious injuries and or death. Jus Beginners Youth Training is voluntary, and I completely understand and agree to the guidelines and regulations.

I certify that my child _____ is of sound mind and body and physically capable to participate in the Jus Beginners Youth Training.

[a] general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if know by him or her must have materially affected his or her settlement with the debtor. [Civ. Code § 1542.]

Print Name _____ Date _____

Signature _____

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School Progress Report Grades

1 st Quarter (Winter)	2 nd Quarter (Spring)	3 rd Quarter (Summer)	4 th Quarter (Fall)

****Grades will be checked for each quarter. If grades aren't of a standard suitable to the parent, we will seek assistance and or tutoring sessions within the school the child is attending to make sure they are keeping up with their studies. At no time is a child to participate with unsatisfactory grades.**

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