

FREE NINJA KIDS CLINIC

COME JOIN THE FITNESS FUN
Trampoline
Foam Pit
Running Climbing
Jumping Hopping
Leaping Skipping
Obstacle Courses
and much more

CSA Kids
August 26th Saturday
5:00-6:30pm
Boys & Girls
5-9yrs



Deadline
Wednesday August 23th
Register Early Limited Space
For Free Ninja Kids Clinic

Print
Child Name _____ F M Age ___ BD ___/___/___ Home Ph.(_____) _____/_____
Email _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
Address _____ City _____ Zip _____
Parent _____ Cell phone or Work (_____) _____/_____
Phone Number Parent can be reached during clinic (_____) _____/_____

Medical Marketing Release

For the Medical Release I undersigned gives permission for the CSA Kids officers, employees, and/or agents to seek emergency medical treatment for the participants (s) in the event they are unable to reach any parent or guardian . The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action. For the Marketing Release I understand that my child's likeness may be used in CSA kids ads, promotional videos, our website or various other marketing materials. These images will be used for CSA Kids purposes only and will not be given or sold to outside companies or individuals.

Assumption of Risk, Waiver of Liability, Promise to Pay, Medical Authorization

I/We recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading swimming, music, preschool and exercise activities. In addition, swimming or any activity in or around water can result in brain damage or drowning. Being fully aware of these dangers, I voluntarily consent to myself or minor child participating in any and all CSA Kids programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing myself or minor child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE CSA Kids, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by me or my minor child while under the instruction, supervision, or control of CSA Kids including, without limitations, those damages or injuries resulting from act of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like myself above or minor child to be taken to a hospital for medical treatment and I hold CSA Kids, and its representatives harmless in this execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself or my minor child as a result of any injury sustained while participating at or for CSA Kids.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY, PROMISE TO PAY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name In agreement.

Signature _____ Date _____ 15-16NinujClinic



CSA Kids
Sports & Arts Campus
Building healthy bodies & educated minds since 1974
4113 Whitney St. Janesville 608-756-0444 www.csakids.com