



VERTICAL ZONE™
TRAMPOLINE CLUB
TAKE FLIGHT

PERMISSION TO PARTICIPATE FOLLOWING INJURY/ ILLNESS

Athlete Name: _____ Date: _____

Class: _____

Description of Illness/Injury:

*Please provide any detailed physical restrictions:

I hereby certify that my child has been examined by a medical professional, and has been medically cleared to participate in trampoline/ gymnastics activities. I acknowledge that I am aware of the risks involved with trampoline/ gymnastics, and hereby give my consent for my child to return to Vertical Zone. I understand that floor supervisors or coaches have the authority to restrict or refuse participation for any sound medical reason.

Parent Name: _____ Signature: _____

***For injury that requires medical attention and intervention (e.g. concussion, fracture, etc.), please include a Doctor's note verifying athlete readiness to participate.**

Adapted from miltonspringers.ca