



Health Screening Questionnaire

In the past 14 days have you or anyone in your house:

1. Had a fever higher than 99.5° along with a sore throat or shortness of breath Yes / No
2. Had a persistent cough Yes / No
3. Experienced chills Yes / No
4. Had a loss of taste/smell Yes / No
5. Experienced whole-body aches Yes / No
6. Experienced fatigue Yes / No
7. Been in contact with anyone who has been diagnosed with Covid-19 Yes / No

If the answer to any of the above questions is yes, please do not send your athlete to Salto Gymnastics Center until symptoms are no longer present for a continuous 24-hour period after the last dose of medication. If an athlete has other health issues that present as the above symptoms (such as allergies, asthma, etc) please notify us that this is the reason for the symptoms. If you have been in contact with someone diagnosed with Covid-19, your athlete must self-isolate for 14 days or be able to produce a negative test result.

8. Travelled outside of the state of Wisconsin Yes / No
 - If you have travelled to a state that is closed, your athlete must self-isolate for two weeks upon return to Wisconsin
 - If you have travelled to a state with rapidly increasing cases, your athlete must wear a mask during practice for two weeks if no mask mandate is in place
 - If your gymnast carpools with another athlete who has travelled, they must also wear a mask during practice if no mask mandate is in place

I _____ have read and understand the Salto
(print parent /guardian name)

Gymnastics Center, Inc. Health Screening Questionnaire. I will bring this form to Salto Gymnastics Center prior to the first practice/class to verify my athlete is safe to participate.

I agree to notify Salto Gymnastics Center if anything on this form changes, including travel to a closed state or a state with increasing number of COVID-19 cases.

Salto Gymnastics Center, Inc. cannot guarantee that our customers will not come in contact with an illness while at our facility.

Parent /Guardian Signature

Participant Name

Date

8/13/20

Salto Gymnastics Center, Inc.
Open Gym Participation Agreement, Release and Acknowledgement of Risk

General Rules

1. **SPACE IS LIMITED** – parents should wait to ensure their child has gotten in to the open gym before leaving
2. 10 min. warm up
3. Cell phone use is **NOT** allowed in the gym.
4. **NO** running in the gym (except for when tumbling)
5. Land in the foam pit **ONLY** on your feet or seat
6. Make sure foam pit is clear of people & objects before entering
7. **NO** flipping off the net or rope
8. Spotting is to be done by coaches **ONLY** (No spots by parents or other gymnasts allowed)
9. Check for proper matting before using equipment
10. **NEVER** dismount off apparatus onto anything but landing mats
11. **NO** hanging on the bars by only your knees
12. **DO NOT** try new skills at "Open Gym" - work on skills you know and are able to do

Trampoline Rules

1. Supervision is required when bouncing on trampolines
2. **ONE** person at a time on trampolines
3. Jump in the middle of the trampoline (**NO** bouncing off wall)
4. **NO** flipping on the trampoline
5. **WALK** off of the trampoline. (Do **NOT** bounce off)
6. Jump on **ONE** trampoline at a time – **NO** jumping back and forth between trampolines

Pit Rules

1. **NEVER** use foam pit without supervision of coach or instructor
2. **NEVER** enter the foam pit head first (jump in on feet or seat **ONLY**)
3. **DO NOT** "hang out" in foam pits; once you jump in, leave the foam pit promptly so the next person can jump in
4. All foam cubes must stay inside the foam pit
5. The foam is **NOT** to be torn into small pieces
6. Training foam pits, regardless of size, type, and quality, are **NOT** a failsafe to serious injury

In consideration of the services of Salto Gymnastics Center, Inc, Vitali Rudnitski, Alexander Belanovski and Andrei Kan, their employees and all other persons or entities acting in behalf of Salto Gymnastics Center, Inc, I release and discharge Salto Gymnastics Center, Inc, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the activity I, or my child will participate in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties. The following describes some, but not all, of those risks:

Gymnastics and/or dance entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics and/or dance students would not improve their skills, and the enjoyment of the sport would be diminished.

Gymnastics and/or dance exposes its participants to the usual risks of cuts and bruises. Other more serious risks exists as well. Participants can fall off equipment, sprain or break wrists and ankles, and they can suffer more serious injuries as well, including paralysis or even death. If you are injured, you may require medical assistance, at your own expense.

2. I and/or my child expressly agree and promise to accept and assume all of the risks existing in this activity. Participation in this activity is purely voluntary, no one has forced me to participate, and I or my child elect to participate in spite of the risks.

3. Salto Gymnastics Center, Inc. is not responsible for lost or stolen items.

My Signature below indicates that I have had sufficient opportunity to read the rules and participation agreement with my son/daughter, and that I understand it affects my legal rights; I agree to be bound by its terms.

Signature of Parent or Guardian _____

Print Name of Parent or Guardian _____ Phone Number _____

Address _____ Date signed _____

Print Name of Participant _____