

2019/ 2020

GYMNASTICS CENTRAL STUDENT INFORMATION FORM

Office use

FAMILY LAST NAME
Registration Fee Paid Yes No

FAMILY LAST NAME _____
E-MAIL ADDRESS _____
ADDRESS _____ HOME PHONE: (____) _____
CITY, STATE ZIP _____

Please check if family information has changed. _____ I understand the registration fee is non-refundable.

PARENTS NAMES (if student is under 18)

Mother: _____ first _____ last Cell phone: _____

Father: _____ first _____ last Cell phone: _____

Child 1

_____ Male Female _____ / _____ / _____ Age: _____
Name (first, last) Date of birth:

This person is allergic to: _____

This person take s the following medication: _____ Purpose: _____

This person has the following disabilities: _____

Please list any activities which you feel are not appropriate for this child: _____

Child 2

_____ Male Female _____ / _____ / _____ Age: _____
Name (first, last) Date of birth:

This person is allergic to: _____

This person take s the following medication: _____ Purpose: _____

This person has the following disabilities: _____

Please list any activities which you feel are not appropriate for this child: _____

Child 3

_____ Male Female _____ / _____ / _____ Age: _____
Name (first, last) Date of birth:

This person is allergic to: _____

This person take s the following medication: _____ Purpose: _____

This person has the following disabilities: _____

Please list any activities which you feel are not appropriate for this child: _____

Alternate adult contact:

If unable to reach parent, contact _____ Name _____ Relationship _____ Phone _____

Family physician: _____ Name _____ Phone _____ Preferred Hospital _____

Insurance company: _____

***Your personal health insurance is responsible for the hospital and physician costs incurred if you become injured or ill in the gym or at a club sponsored event and require the service of a physician.

**THIS FORM MUST BE COMPLETED
BEFORE YOUR CHILD IS ALLOWED
TO PARTICIPATE**

GYMNASTICS CENTRAL RELEASE FORM 2019 / 2020

STUDENTS' NAME (S): _____

MINOR WAIVER / RELEASE (Complete if students are under 18 years by parent or guardian)

MINOR WAIVER/RELEASE (Complete if students are under 18.)

I understand the sports of gymnastics, dance, tumbling, etc. involve certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child as a student in your program, for myself, my heirs, my executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against High Tech Athletics LLC, its sponsors, agents, employees, representatives, successors, and assigns, (hereinafter collectively termed G.C), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless G.C. for any claims by me or my child arising out of participation in any program or otherwise at G.C. or at any other location during an event sponsored by G.C. Additionally, I hereby grant G.C. permission to render first aid emergency treatment which it considers necessary to my child while in attendance at G.C., or at any other location during an event sponsored by G.C. and release all rights and claims for damages which said child or I may have against G.C. in connection with the rendering of said first aid emergency treatment. I grant my permission for use of any printed photographs, digital photography, video or audio broadcast of my child, their name and/or likeness without written consent or financial compensation. Furthermore, I understand that the images or broadcast may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of use.

Signed _____ Date _____
(Parent or Guardian)

Consent for treatment for accident & illness

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a "minor" (person under the age of 18) may begin u n l e s s t h e s i t u a t i o n i s l i f e t h r e a t e n i n g .

I understand that G.C. is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure physical fitness and capability to perform the gymnastics, tumbling, dance, or cheerleading involved in the programs offered by G.C. In the event of any emergency, I hereby give permission to the licensed physician selected by G.C. to hospitalize, secure proper treatment, anesthesia, or surgery for my child,

(In this location, Gymnastics Central will contact Mercy Hospital in Anderson.)

Child's Name _____ Signed _____ Date _____
Child's Name _____ (Parent or Guardian)
Child's Name _____

ADULT WAIVER / RELEASE

(Sign only if the parent accompanies the child into the gym, or if adult classes are being taken)

I understand the sport of gymnastics involves some inherent risks, notwithstanding the safety precautions which are taken. I assume such risks. In consideration of your accepting me as a student in your program, for myself, my heirs, executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against High Tech Athletics, LLC, its sponsors, agents, employees, representatives, successors and assigns, (herein after collectively termed G.C.), for any and all injuries and losses suffered by me at G.C. Additionally, I hereby grant G.C. permission to render first aid emergency treatment which it considers necessary to me in the event that I am physically unable to give consent as a result of an injury while in attendance at G.C. and release all rights and claims for damages

Signed _____ Date _____