

2008 / 2009

GYMNASTICS CENTRAL STUDENT INFORMATION FORM

Office use

FAMILY LAST NAME
Date filed:

FAMILY LAST NAME _____

ADDRESS _____

HOME PHONE (_____) _____ City, State ZIP

Please check if family information has changed.

PARENTS NAMES (IF STUDENT IS UNDER 19)

Mother: _____ first _____ last

Business phone: _____

Cell phone: _____

Father: _____ first _____ last

Business phone: _____

Cell phone: _____

CHILD 1

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

This person is allergic to: _____

This person takes 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 takes 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 takes 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 _____ Phone _____ relationship _____

FAMILY PHYSICIAN: _____ Name _____ Phone _____ Dr.'s Hospital association _____

INSURANCE COMPANY: _____ POLICY (OR GROUP) NUMBER: _____

***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 2008 / 2009

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. involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks in 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 Gymnastics Central, 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

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, 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 Anderson Hospital.)

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 Gymnastics Central, 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 _____