

GYMTEK Gymnastic Center

Registration/Release/Medical Authorization *This form must be on file before participation.*

Student Name _____

Age _____ Sex _____

Address _____

Birthdate ____/____/____

City _____ State ____ Zip _____

Mom _____ Phone (H) _____ (W) _____ e-mail _____

Dad _____ Phone (H) _____ (W) _____ e-mail _____

Please initial for permission to use photographs on website, newsletters, flyers _____

EMERGENCY INFORMATION: Please provide the following information to enable the director or instructor to arrange medical treatment should an injury occur and attempts to reach the parents are unsuccessful.

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital preferred _____

Person to contact if parents cannot be reached _____ Phone _____

Please list any facts concerning your child's medical history to which a physician, instructor or director should be alerted: allergies, medications, physical impairments, etc.

I/we give emergency technicians and physicians permission to transport and treat the above mentioned child in the event of an emergency situation in which I/we cannot be contacted.

Parent or Legal Guardian _____ Date _____

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

I/we will accept, assume and will instruct the minor participant of the following risks:

- *There are risks and dangers associated with participation in gymnastics/cheerleading events and activities including but not limited to those of bodily injury, partial and /or total disability, paralysis and death.*
- *The social and economical losses and /or damages which could result from those risks and dangers described above could be severe.*
- *These risks and dangers may be caused by the negligence of the participants or the negligence of others.*
- *There may be other risks not known to us or not reasonably foreseeable at this time.*

I/we have read the above waiver, fully understand it and sign it voluntarily

Parent/Guardian _____ Date _____

Teacher _____ Class _____