

# 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 Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ email \_\_\_\_\_

Dad Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ e-mail \_\_\_\_\_

*\*we will never share your information/ you will receive a monthly newsletter*

**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 physician's 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, tumbling and trampoline 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 no 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 \_\_\_\_\_