

ENROLLEMENT FORM

- **Child Information**

Name: _____ Birthdate: _____ Age: _____

Parent Information: _____ Email: _____

MEDICAL RELEASE & LIABILITY WAIVER

- **MISCELLANEOUS Information**

(REQUIRED BY STATE LAW)

Name of Health Care Insurance: _____ Policy Number: _____

Family Doctor: _____ Phone: _____ Fax: _____

- **Emergency Contact**

Name: _____ Relation to Child: _____ Phone # : _____

Name: _____ Relation to Child: _____ Phone # : _____

My child can take the Following Over the Counter Medication

MEDICINE	TIME GIVEN	DOSAGE

All healthcare information

Other: _____

I, the undersigned parent/ person having legal custody/guardianship of the above said minor, give permission for minor to participate in all GIM Athletics programs. In consideration of participating in the activity of gymnastics, I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity unless noted above. I acknowledge that if I believe conditions are unsafe; I will immediately discontinue participation in the activity. I have found the facility and equipment to be safe and reasonably suited for said gymnast and I voluntarily sign. Gymnastics presents certain inherent risks and hazards, which the participant and parent/guardian are urged to consider and which the child is aware. I, the undersigned parent/guardian for the above named gymnast, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless GIM Athletics, Inc., and registered coaches/teachers, managers, office staff, from all claims, actions, or losses related thereto. GIM Athletics, Inc., assumes no liability for injury or damage arising from the results of participation of the above gymnast unless due to willful fault or gross negligence on the part of GIM Athletics, Inc. I also agree that my child will be: due to the strenuous nature of gymnastics, the participant is urged to consult their physician concerning their fitness to participate. I, the undersigned parent/guardian for the above named gymnast hereby approve of my child's participation in the GIM Athletics, Inc programs and consent to emergency medical treatment for my child on my behalf. I also authorize any USAG-registered adult of GIM Athletics, Inc to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance information has been provided above. I also hereby give GIM Athletics permission to use picture or likeness of me, or use picture or likeness of said gymnast in any GIM Athletics publicity and campaign materials. I acknowledge I have read the Medical release & Liability Waiver and I have read the Welcome letter and understand the refund/credit policy.

Parent/ Guardian Printed Name: _____

Parent/ Guardian Signature: _____

Date Signed: _____

First Name: _____

Last Name: _____

