

Decal Gymnastics

EMERGENCY FORM

Name: _____ Age: _____ Birth Date: _____

Parents/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

E-mail address: _____

Family Doctor: _____ Phone: _____

Insurance Co.: _____ Policy #: _____

I, the parent or guardian of _____ give my permission for emergency medical treatment, if I cannot first be contacted, or

Other instructions: _____

Date: _____

Parent or Guardian

Please note any specific medical problems, such as allergies, medications, muscular or skeletal problems.

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WARNING FORM

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. I give permission for my child's photo to be used, displayed and/or published for public relations purposes.

I, _____, parent or guardian of _____ do hereby give permission for my son or daughter to participate in gymnastics. I hereby release Decal Gymnastics, its instructors and _____ from any and all liability. I have read the above warning statement and I acknowledge that I understand what I have read.

Parent or Guardian

Student

Program location _____