

GYMNASTIC WORLD

summer camp emergency card
registration , liability and parental consent form

Information

Child's Name _____

Birth date _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Cell Phone _____

Work Phone _____

Father's Name _____

Cell Phone _____

Work Phone _____

Parent Email _____

Home Phone _____

Alternative Emergency Contact _____

Phone _____

Additional adults with permission to pick up above named child from camp:

(1) _____

Phone _____

(2) _____

Phone _____

(3) _____

Phone _____

Is your child currently taking medications? YES / NO

Is your child presently being treated for an injury or illness? YES / NO

Does your child have any allergies (medicine/food/etc)? YES / NO

If you answered yes to any of the above, please explain. _____

Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity?

YES / NO If yes, explain. _____

Does your child suffer from any of the following (circle all that apply and explain below): Seizures Asthma Fainting Spells

Other _____ Explain _____

I give permission for photos of my child to be posted on Gymnastic World website, face book page, advertisements, etc. YES / NO

If at any time information changes, please inform Gymnastic World office staff of updates.

Liability Release & Consent

Gymnastic World of Fort Myers, its coaches and other staff members, do not accept and will not be held responsible for injuries sustained by any member, student or visitor during the course of gymnastics, tumbling, dance or other activities during camps or in the course of any exhibition, competition or clinic in which she/he may participate or while traveling to or from any event.

With the above in mind and being fully aware of the risks and possibility of injury involved, I _____, as parent/legal guardian of the above named child(ren), consent to have my child(ren) participate in the programs offered by Gymnastic World of Fort Myers. I further agree that I, my executors or other representatives, hereby waive, hold harmless and fully release all rights and claims for damages that I or my child(ren) may have against Gymnastic World of Fort Myers, and/or its representatives whether paid or volunteer.

Signature _____
Parent or Legal Guardian

Date _____

Print Name _____

Relation to child _____