

Please Print



Tri-County Gymnastics & Cheer Medical Information / Athletic Waiver & Release

Date _____ Student Name _____ Parent Name _____

Who should be called in case of an emergency?

Name _____ Relation _____ Phone _____ Alt. Phone _____

Name _____ Relation _____ Phone _____ Alt. Phone _____

Doctor's Name _____ Address _____ Phone _____

Medical Insurance Co. _____ Group Number _____ Phone _____

Please answer the following about your child. If you answer "Yes," please describe briefly.

Previous gymnastics experience? No Yes _____

Allergies or intolerance to food or medication? No Yes _____

Medications currently being taken? No Yes _____

Previous injuries or illnesses? No Yes _____

Restrictions or special considerations? No Yes _____

I fully understand that *Tri-County Gymnastics* staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the *Tri-County Gymnastics* staff to render first aid to my child in the event of any injury or illness, and if deemed necessary by the *Tri-County Gymnastics* staff to call our doctor and to seek medical help, including transportation by a *Tri-County Gymnastics* staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the *Tri-County Gymnastics* staff deem this to be necessary.

Parent or Guardian _____ Signature _____ Date _____
Please print clearly

The staff of *Tri-County Gymnastics* recognizes its obligation to make students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, and dance. Gymnastics, trampoline, tumbling, cheerleading, and dance can be dangerous and can lead to injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. *Tri-County Gymnastics*, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility on injury involved, I consent to have my child or children participate in the programs offered by *Tri-County Gymnastics*. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against *Tri-County Gymnastics* and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. *Tri-County Gymnastics* will only warn the child through "safety messages" and our teaching style and progressions.

Parent or Guardian _____ Signature _____ Date _____
Please print clearly