

Legacy Gymnastics 2016-2017 Registration Card & Medical Waiver

Staff Use: I-Class: _____

Family Last Name: _____ Parent: _____ Parent: _____

Address: _____ City: _____ Zip Code: _____

Primary PH #: _____ Please circle: Cell Y/N Mom Dad Other _____

Alt. PH#: _____ Please circle: Cell Y/N Mom Dad Other _____

Email 1: _____ Email 2: _____

How did you hear about us? (Please circle one) Mailer Website Friend Other: _____

Child 1: _____ D.O.B. _____ Age: ___ M/F Class: _____

Child 2: _____ D.O.B. _____ Age: ___ M/F Class: _____

Child 3: _____ D.O.B. _____ Age: ___ M/F Class: _____

Parent Participating in Mini-Tots or Tiny Tots: _____,

List Medical Concerns: _____

Release: In consideration of Legacy Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lesson or meets. I give permission to Legacy Gymnastics and /or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Legacy Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources(police, rescue squad) deems it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Warning! Catastrophic injury, paralysis or even death can result from the improper conduct of the activity .I hereby consent and authorize Legacy Gymnastics to use photographs, and or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding Legacy Gymnastics programs, facilities or services. I also give permission to use such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the Legacy Gymnastics web site. Further, I hereby release and agree to hold harmless and to indemnify Legacy Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent/Guardian Signature: _____ Date: _____

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Child 3: _____ D.O.B. _____ Age: ___ M/F Class: _____

Parent Participating in Mini-Tots or Tiny Tots: _____,

****Any Medical Concerns:** _____

Release: In consideration of Legacy Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lesson or meets. I give permission to Legacy Gymnastics and /or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Legacy Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources(police, rescue squad) deems it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

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Parent/Guardian Signature: _____ Date: _____