

ALL STAR GYMNASTICS SUMMER CAMP

Information and Medical Form

ATHLETE INFORMATION

Athlete's Name _____

Athlete's DOB _____ Gender _____ Athlete's School _____

Address _____

City _____ State _____ Zip _____

PARENT/ GUARDIAN INFORMATION

Mother's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Email Address _____ Cell Phone _____

Father's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Email Address _____ Cell Phone _____

How did you hear about us?: _____

Any other athletic experiences?: _____

Have you attended our camp before?: Yes No

MEDICAL INFORMATION

Family Doctor _____ Phone _____

Name of Insurance _____ Phone _____

In case of emergency, if mother and/or father cannot be reached who would you like to be contacted?

Emergency Name _____ Relationship to Athlete _____

Home phone _____ Cell Phone _____

MEDICAL HISTORY

_____ Medication _____ Epilepsy _____ Hearing Problems

_____ Asthma _____ Allergies _____ Kidney Injuries

_____ Previous broken bones or other injuries _____ Heart Condition or disease

_____ Muscle, tendon or ligament problems

If you checked any of the previous boxes, please explain: _____

Is there anything else we should know about your child's health? _____

ALL STAR GYMNASTICS SUMMER CAMP

All Star Gymnastics will do their best to see that your child has the best possible case during summer camp. By the very nature of gymnastics/ cheerleading, there is always a risk to physical injury. This risk is reduced by the careful attention paid by the coach and athlete, but is never eliminated.

I give my permission for any necessary emergency medical treatment that needs to be given to my child including: sutures, settings of bones, injections, and anesthesia that may be required due to an injury during gymnastics activity at or for **All Star Gymnastics**.

Parent/ Guardian Signature _____ Date _____

WAIVER AND RELEASE FORM

Read the following carefully and sign below.

Athlete Membership Agreement Information

In consideration of my membership in All Star Gymnastics, and my participation in All Star Gymnastics classes, events, and activities, I agree to be bound by each of the following:

Eligibility: I agree to comply with all of the rules of All Star Gymnastics.

Readiness to participate: I will only participate in those All Star Gymnastics classes, events and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury.

Medical Attention: I hereby give consent to All Star Gymnastics and/or the host organizations to provide, through, a medical staff of its choice, customary medical/ athletic training, transportation, and emergency medical services as warranted in the course of my participation.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages, and losses associated with participation in gymnastics activities and events. I further agree that All Star Gymnastics, and the sponsor of any All Star Gymnastics event, along with its employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of participation in the event.

INFORMATION

Primary Medical Insurance: I am covered by a primary health/ medical/ accident insurance through:

I am a citizen of the United States: _____ Yes _____ No

Signature of Parent _____ Date _____

As a legal parent/ guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above activities conducted by All Star Gymnastics.

Printed Name of Parent _____ Date _____