



I fully understand that MCSPC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of MCSPC to render temporary first aid to my child (ren) in the event of injury or illness, and if deemed necessary by the staff of MCSPC to call our doctor and to seek medical help, including transportation by a staff member of MCSPS to any health care facility or hospital, or the calling of an ambulance for said child should the staff deem this to be necessary.

We, the staff of MCSPC, recognize our obligation to make our students and their parents aware of the risks and hazards associated with sports, gymnastic activities, tumbling, trampoline and other athletic apparatuses. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Remember, engaging in any physical activities can be dangerous and can lead to injury.

Parents should make their child (ren) aware of the possibilities of injury and encourage their child (ren) to follow all the safety rules and the coaches' instructions.

MCSPC, its coaches and other staff members, will not accept responsibility for injury sustained by any student or guest during the course of any open gym, birthday party, practice, exhibition, lock in party, competition or clinic in which he or she may participate, or while traveling to or from the event.

From time to time a staff member will take pictures of students to use in web site, flyers, brochures, etc. With this in mind, I consent to have my child (ren)'s picture(s) to be used in any of the above media.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child (ren) participate in the programs offered by MCSPC I, my executors or other representatives, waive and release all rights and claims of damages that I or my child(ren) may have against MCSPC 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 (ren)'s protection and my own protection and that my child (ren) is in good physical health to participate in MCSPC programs.

Name of Child(ren) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_