



Business Mailing Address: Gymnastics Divine, 1106 W 3rd St. Dixon

Student Name _____ Age _____
Date of Birth

Month	Day	Year
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Address _____ Zip _____

E-mail address _____ Athlete's cell # (if appropriate) _____

Mother's Name _____ Wk # _____ Cell # _____

Father's Name _____ Wk # _____ Cell # _____ Home _____

In case of Emergency number (other than parent) _____

Medical Conditions _____

Allergies _____

Photo & Media RELEASE FORM! Yes _____ No _____ ~ Please check and sign ~
Gymnastics Divine has permission to use photos of my child that may be used for newspaper, website, facebook or other promotional projects Parent Signature _____

Medications we should be aware of _____

As parent/guardian, by granting permission for my student(s) to participate in any activities and classes with Gymnastics Divine, I do hereby assume all risk of injury that may result from any physical activity. I agree to indemnify Gymnastics Divine, it's instructors and participants from and against all liability for injury, which may result from any negligence and or taking part in these activities.

I/We authorize Gymnastics Divine to secure Emergency Medical care for my child in the event we cannot be reached at the time of an emergency. I/We will be responsible for the medical charges upon receipt of the statement.

Administration of Medication---

I/We authorize Gymnastics Divine permission to administer patent medication to my child as specified in written instructions.

Teams and or student travel---

I/We authorize my child to ride as a passenger in a vehicle owned or leased Gymnastics Divine. I/We understand such trips are under supervision and that health and safety precautions are taken. I/We agree that the above named people or their employees are not responsible for any accidents of injuries that may occur to my/our child at any time.

Release of Liability/Acknowledgement of Risk---

Upon entering classes offered by Gymnastics Divine I/We understand and appreciate that participation of the observation of the sport constitutes a risk to me/us of injury. I/We voluntary and knowingly recognize, accept and assume this risk and release Gymnastics Divine and its instructors and employees of any liability therefore I/We acknowledge that I/We have read and understand this entire form including the waiver of responsibility and liability.

Signature Parent/Guardian _____ Date _____

Required Child's Signature _____ Date _____

Parents Name _____ Insurance Company _____

____ Attached is a copy _____ Showed copy _____ Class time _____