

## G.C.A. REGISTRATION FORM

GCA Site Location: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_

Gymnast Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

Parent E-mail Address: \_\_\_\_\_

**All checks should be made payable to: G.C.A.**

### CONSENT FOR MEDICAL TREATMENT

I understand that as with any athletic activity that involves motion or height, participation in gymnastics creates the possibility of accidental injury. However, I also understand all possible precautions will be taken to prevent such accidents. I fully understand, therefore, the risks involved in my child's participation in West Tennessee GCA's Program.

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby grant authority to the staff of West Tennessee GCA, to render a judgment concerning medical assistance in the event of an accident or illness during my absence. I further authorize simple first aid medical or surgical diagnosis and treatment, which may be deemed necessary.

Emergency Contact

Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### LIABILITY WAIVER

I, hereby, waive and hold harmless West Tennessee GCA, it's instructors and staff, whether paid or volunteer for any injury, claims or damages in connection with the gymnastics and cheerleading program or other activities related to workout times, exhibitions, or competitions away or at the West Tennessee GCA facility. I hereby consent and wish to have my child enroll and actively participate in the class program as described above at West Tennessee GCA.

Signature of

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### POLICY/PROCEDURES RECOGNITION

I have read and understand all West Tennessee Gym and Cheer Academy policies and procedures and agree to follow them accordingly.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_