

## **Carolina Stars Parent Agreement Waiver/Release Form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Phone number \_\_\_\_\_

### **Medical**

Does your child suffer from any allergies? Yes    No  
If yes, please list \_\_\_\_\_

Is your child on any medication? Yes    No  
If yes, please list \_\_\_\_\_

Has your child suffered any serious injuries? Yes    No  
If yes, please list \_\_\_\_\_

Is there anything our staff should be aware of when teaching your child? Yes    No  
If yes, please explain \_\_\_\_\_

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I have read the rules and policies for Carolinas Stars Gymnastics and Karate. I agree to abide by these rules and policies during the duration of our association with Carolina Stars Gymnastics and Karate.

By the very nature of the activity, gymnastic/karate carries a risk of physical injury. These risks include minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. These risks also include catastrophic injuries such as permanent paralysis or death from landings or falls on the back, neck or head. These risks can be reduced through coach/student care, safety mats, spotting, lower heights and reduced speed; however, these risks can never be completely eliminated.

I am fully aware of and appreciate these risks as well as other damages and losses associated with the participation in gymnastics and karate activities and events.

I fully agree that Carolina Stars Gymnastics and Karate, and the sponsor of any Carolina Stars gymnastics or karate event, along with the employees, coaches and officers of these organizations shall not be liable for any loss or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above.

I also grant permission for members of Carolina Stars Gymnastics and Karate to administer temporary first aid to my child/children in the event of an injury/illness, and to seek medical attention including transportation to a health care facility or hospital, or calling of an ambulance should it be deemed necessary.

**Please check one:**

I, \_\_\_\_\_ give CSGA, Inc. permission to use any images of my child, my family and myself for advertising purposes (web page, print ads, etc.).

I do not want any images used in CSGA, Inc. advertising.

Printed Name of Parent/Guardian \_\_\_\_\_

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