

Carter's Gymnastics Academy

Sign Up Date _____ Class _____ Class Days/Times: _____

Student's Name _____ Home Phone # _____

Address _____

City _____ State _____ Zip Code _____

Sex _____ Date of Birth _____ Age _____ Nickname _____

Home Fax# _____ E-mail Address _____

School _____ # of Children in gym _____

Mother's Name _____ Work Phone _____

Occupation _____ Title _____

Mobile Phone _____ Mother's e-mail _____

Father's Name _____ Work Phone _____

Occupation _____ Title _____

Mobile Phone _____ Father's e-mail _____

Family Physician _____ Phone # _____ Hospital Preference _____

Health Insurance Company _____ Policy # _____

Restrictions/Medical Conditions Affecting Participation _____

Emergency Contact _____ Phone # _____ Relationship _____

Alternate Contact _____ Phone # _____ Relationship _____

Emergency Medical Authorization /Waiver

If I cannot be reached in the event of an accident, while the above is under the care and supervision of Carter's Gymnastics, I hereby authorize and give permission to their staff/assigners to undertake and employ emergency first aid, emergency transportation, obtain emergency medical treatment, and act in my stead to follow such procedures as necessary to admit and treat any emergency condition, at any hospital, if it is deemed necessary. I attest that I have current and valid medical insurance and will be financially responsible for any and all emergency medical expenses. Carter's Gymnastics has my full permission to act as a temporary guardian in an emergency situation. By signing this, I agree to hold harmless Carter's Gymnastics Academy Inc. and any hospital from any liability for commencing emergency medical treatment with any more consent than hereby given. For and in consideration of my/our voluntary participation in the gymnastics or related programs of Carter's Gymnastics, recognizing and attesting that all the legal warnings have been given, including the possibility of temporary or permanent injury, broken bones, catastrophic injury, death, paralysis or neck or back injury, ligament or tendon damage having determine that appropriate precautions are and will be taken in connection therewith, recognizing and personally attesting that gymnastics and related activities should be and are legally defined as inherently dangerous sport and activities, .I/ We hereby assume all risks waive and forever release any and all rights and claims or personal injuries mental and emotional suffering, property damages, positive damages and loss of services which I/We may have, now or in the future against Carter's Gymnastics, its officers assigns, agents, employees, landlords and successors. This waiver shall be binding on my/our family, heirs, executors, administrators and assigns. I/We certify that the participant has had a recent physical exam (within the last year), is physically able to participate and presents themselves, physically and emotionally, fully ready to participate in all the ways and with a full understanding of the rules, regulations and policies of Carter's Gymnastics.

Gymnast's Signature _____

Parent/ Guardian Signature _____