

Spirit Gymnastics Youth Association - 501C3

21 Spirit Lake Road, Winter Haven, FL

HUGS PARTICIPATION FORM

Athlete's Name _____

First

Last

DOB _____ Gender _____

Basic Health Information – List any medical information or disability;

Allergies _____ Regular Medicine _____

Is there anything you think we should know before he/she participates? _____

Does he/she attend a Preschool or School Program? Yes/No

School Name _____ Grade/Year _____

Parent/Guardian Name _____

First

Last

Email _____ Home# _____

Address _____ Work# _____

Cell # _____

What is your relationship to the participant you are registering? _____

Emergency Contact _____ Phone # _____

Pediatrician _____ Phone # _____

Preferred Medical Facility _____

I fully understand the staff of Spirit Gymnastics Youth Association, Inc./Spirit Gymnastics Academy Plus are not physicians or medical practitioners of any kind. With this in mind, I hereby release Spirit Gymnastics Youth Association, Inc./Spirit Gymnastics Academy Plus to render first aid to my child in the event of an injury and/or illness and if deemed necessary to call an ambulance. I understand I am responsible for all medical expenses and agree to provide health insurance for the minor child or guarantee medical payment for any medical expenses incurred as a result of training, performing or participating in activities with Spirit Gymnastics Youth Association, Inc./Spirit Gymnastics Academy Plus.

Parent/Legal Guardian Signature _____

Date _____