

Denver School of Gymnastics

Consent to Treatment Form

Prior to participation this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant: _____ (the "gymnast") DOB: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name (print): _____

Other Parent/Guardian Name (print): _____

In consideration of **Denver School of Gymnastics** allowing this individual to participate in sports activity, class, competition, team, including non-gymnastics activities such as swimming and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old, my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers both the gymnast and his or her parents or legal guardians):

I authorize **Denver School of Gymnastics** to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. The parent or guardian's phone number is as follows: _____

Please provide the following information regarding the participant:

Participant's Personal Physician: _____

Doctor's Address: _____

Doctor's Phone: _____

Participant's Medications: _____

Participant's Allergies: _____

Participant's Significant Medical History: _____

Primary Medical Insurance Carrier/Policy #: _____

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participant's protection. This consent shall remain effective until one year from the date below unless sooner revoked in writing and delivered to

Denver School of Gymnastics 5840 Lamar St. Arvada, CO. 80003

I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast

Date

Signature of Parent/Guardian

Date

Signature of Other Parent/Guardian

Date