



LAST NAME _____

Emeth Gymnastics Emergency Medical and Liability Release

(Multiple Children from an immediate family may be listed on one form)

Contact Information

Student: _____ Birth Date: _____ School attending: _____

First Name _____ Last Name _____ / / _____

First Name _____ Last Name _____ / / _____

First Name _____ Last Name _____ / / _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____

Home #: () _____ - _____ Cell #: () _____ - _____ Work or other#: () _____ - _____

Which of the above phone numbers do you prefer to be contacted at? _____

Who to contact if we cannot reach you in an emergency:

Name: _____ Relation: _____

Home #: () _____ - _____ Cell #: () _____ - _____ Work or other#: () _____ - _____

Permission to use my child's photo (Please select one box):

- I give permission for my child's photo to be used on the Emeth website and in printed publications and news releases.
- I give permission for my child's photo to be used in printed publications and news releases only.
- I *do not* give permission for my child's photo to be used.

Specific information your child's coach should know: (This information is always kept confidential)

Please describe any **special conditions** your child may have that our staff should be aware of:

Please list and **severe allergies** that your child has:

Parent/Legal Guardian Signature:

In completing this form, I understand that even though the policies, teaching format, and progressions in the programs offered by Emeth Gymnastics are developed with a mindset of safety, there is still the risk of minor or serious injury, including death, for all participants, even when all safety precautions have been taken. I consent to have my child/children named above participate in the programs offered by Emeth Gymnastics. I agree to respect and follow the policies and rules of the Emeth Gymnastics program. I, my executors, and/or other representatives hereby waive and release all rights and claims for damages that I, my children, or other family members may have against Emeth Gymnastics and its representatives, whether paid or volunteer. I affirm that I have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both myself and my child's protection. I hereby give permission for the emergency medical treatment of my child.

Parent/Legal Guardian Name, Printed _____

Signature _____

Date: ____/____/____