

Eastern Montana Gymnastics

2011/2012 Registration

PLEASE RETURN AS
SOON AS POSSIBLE.

Family Information

Please Circle One: Mother Father Guardian Participant
Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Please Circle One: Mother Father Guardian Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Medical Information

Doctor's Name: _____

Location: _____

Telephone: _____

Insurance: _____

In Case of Emergency (other than those listed):

Name: _____

Phone: _____

Student Information

1. Name: _____ M / F

Birth Date: _____ Age: _____

Medical Information: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

2. Name: _____ M / F

Birth Date: _____ Age: _____

Medical Information: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

3. Name: _____ M / F

Birth Date: _____ Age: _____

Medical Information: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Waiver and Medical Authorization

In consideration of Eastern Montana Gymnastics allowing my child to participate and train in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree as my child's parent/guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family as well as the heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof in connection with his/her participation in gymnastics classes, programs, camps, lessons, or meets. I give permission to Eastern Montana Gymnastics and/or appropriate medical staff or facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Eastern Montana Gymnastics. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, etc.) deem it necessary. I understand that my child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before informing me, my child's physician, and/or any other adult acting on my behalf. Because of the dangers of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules and agree to obey such instructions. **WARNING!! CATASTROPHIC INJURY, PARALYSIS, OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE GYMNASTICS ACTIVITIES.**

Further, I, hereby release, agree to defend, indemnify and hold harmless Eastern Montana Gymnastics' employees, owners, or volunteers (collectively "Releasees") from any claims, losses or expenses incurred by or on behalf of me, my child, and my child's family, as well as heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof, INCLUDING ANY AND ALL CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE.

Signature: _____

Circle One: Mother Father Guardian Participant

_____ Please initial if we may use your child's photo on our website. No names will be disclosed.

RETURN THIS FORM TO EMG GYM.