

GEORGIA GYMNASTICS ACADEMY MEDICAL RELEASE FORM

Student's Name: _____ DOB: _____ Age: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

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

Fill out the following information so we may contact you quickly in the event of an emergency: Who to call if parents cannot be reached:

Name/Relation: _____ Phone #: (____) _____ - _____

Child's Doctor's Name: _____ Phone #: (____) _____ - _____

Medical Insurance Company: _____ Policy # _____

Any intolerance/allergy to drugs or medications? _____

Please elaborate: _____

Does the child have any medical conditions we should be aware of? _____

Please elaborate: _____

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ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE:

As parent/legal guardian of _____, I hereby consent to the above person participating in the GEORGIA GYMNASTICS ACADEMY, Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline. I understand that is the express intent of GEORGIA GYMNASTICS ACADEMY, INC. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release GEORGIA GYMNASTICS ACADEMY, INC., it's officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of GEORGIA GYMNASTICS ACADEMY, INC.

I specifically appoint GEORGIA GYMNASTICS ACADEMY, INC. to authorize emergency medical treatment for my child _____, to execute consent orders or other documents for any medical procedure which is required to save the life of _____, or to prevent a deterioration of any existing or new medical condition, or to stabilize any medical condition which may or may not deteriorate, as fully as I could if I were present. This acknowledgement of risk, waiver of liability, and medical release having been read thoroughly and understood completely, is signed voluntarily as to it's content and intend.

Parent or Legal Guardian's Signature: _____ Date: _____