

Medical Info

Child's Name _____ is in good physical health, and there are no medical conditions which would limit his/her participation in class except as follows: _____

Allergies _____ Medications _____

Learning challenges: _____

Insurance Company _____ Policy # _____

Preferred Clinic _____ Physician's Name _____ Phone # _____

Preferred Hospital _____

Emergency Contact in the event that parents could not be reached:

Name _____ Phone _____

Release Waiver

I, the undersigned intend that there shall be no personal liability by the members, directors, or employees of North Shore Gymnastics Association (NSGA) for any claims, obligations, or demands of any kind or nature whatever. I understand that participation in gymnastics activities involves a reasonable assumption of risk. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and death, as well as other damages and losses associated with the participation of gymnastics activities and events. I have received and read the USA Gymnastics safety guidelines. I give permission to NSGA and/or an appropriate medical facility to take whatever emergency measures as judged necessary for the care and protection of my child(ren) while under the supervision of NSGA.

In case of emergency, I understand that my child will be transported at my expense. It is my understanding that in some medical situations, the staff will need to contact the local emergency resource before the parents, child's physician, and/or other adults acting on the parent's behalf. NSGA is not responsible for any personal items brought into the facility.

Parent Signature _____ Date _____

Gymnastics Safety Guidelines

1. **Assumption of Risk:** participation in gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk.
2. **WARNING!** Catastrophic injury, paralysis, or even death can result from improper conduct of the activity.
3. **Potential Medical Emergencies:** Instructors/Supervisors should be aware of the potential medical emergencies that could occur in gymnastics and be prepared to adequately respond to them in an appropriate manner.
4. **Be Prepared to Participate:** Dress appropriately, follow accepted warm-up practices, and be mentally prepared to engage in the activity.
5. **Carefully Check Equipment:** Before directly engaging in any gymnastics activity, make sure the equipment is adjusted and secured properly and that adequate matting appropriate to the activity is in the correct position.
6. **Carelessness Cannot be Tolerated:** Gymnastics is an activity requiring active concentration. Horseplay or any other form of carelessness cannot be tolerated at any time for any reason. Consult your instructor.
7. **Follow Proper Skill Progressions:** A safe learning environment includes a correct understanding of the skill being performed and following proper skill progressions. When in doubt, always consult your instructor.
8. **Mastering Basic Skills:** Safe learning practices demand mastering basic skills before progressing to new and/or more difficult skill.
9. **Attempting New and/or Difficult Skills:** The readiness and ability level of the performer, the nature of the task, and the competency of the spotter all must be taken into consideration when attempting a new or difficult skill.
10. **Proper Landing Technique:** Safe dismounts, as well as unintentional falls, require proper landing techniques. No amount of matting can be fail safe. Avoid landing on head or neck at all costs as serious catastrophic injuries may result.

USE OF PHOTOGRAPHS, VIDEOTAPES AND RECORDINGS (OPTIONAL)

I hereby acknowledge that I am either the parent or legal guardian of _____ (hereinafter "the gymnast(s)"). I authorize North Shore Gymnastics Association to retain the right to use any photographs, videotapes, or motion picture recordings of the gymnast for advertising, promotional material, or for any other legitimate purpose.

Parent(Guardian)Signature _____ Date _____
Parent(Guardian)Signature _____ Date _____