

# Elmira Gymnastics Club

## Student Medical Information

Gymnast Name \_\_\_\_\_ M/ F Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information

Notify: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Notify: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Medical Information**

1. Does the student have any known health or learning problems that may limit his/her participation in this activity?  **Yes**  **No** *If Yes, specify* \_\_\_\_\_
2. Is the student under a physician's care for any health problems?  **Yes**  **No** *If yes, specify* \_\_\_\_\_
3. Physical Limitations (Please specify, including eyeglasses, hearing aids etc.) \_\_\_\_\_
4. Height: \_\_\_\_\_ Weight \_\_\_\_\_
5. Psychological Limitations: (Specify problem areas such as anxieties, fears, hyperactivity, hypersensitivity.) \_\_\_\_\_
6. Chronic Ailments:  asthma, or other respiratory problems  diabetes or hypoglycemia  
 epilepsy  hemophilia, or other bleeding problems  circulatory or heart problems
7. Allergies: \_\_\_\_\_
8. Family Physician(s): \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
9. Hospital preference, if any: \_\_\_\_\_

### **WAIVER**

- A. I hereby acknowledge that any activity involving motion, rotation, or height may cause serious accidental injury and with this acknowledgement assume all risks normal to the activity, thus releasing the sponsoring organization from any harm due to injury to myself or my child in connection with this activity.
- B. I further acknowledge that I have read and fully understand the club rules and policies which are incorporated and made a part of this agreement and agree to cooperate with the rules including such changes in rules and policies as may be promulgated from time to time.
- C. I realize that the Elmira Gymnastics Club specializes in professional gymnastic instruction and makes no claim to be able to diagnose or treat special learning or physiological disabilities. I also realize that Elmira Gymnastic Club has the right to restrict or refuse instruction to any participant with apparent natural physiological, social, and/or learning disabilities.
- D. I understand that Elmira Gymnastics Club makes no promise or prediction regarding the degree of success a student will realize through participation in any of the programs offered.

### **Elmira Gymnastics Club ~ Picture Release**

I give Elmira Gymnastics Club permission to use pictures of my child in the following format (*Circle Yes or No for each*)>  
*Child name will never be listed unless the parent is contacted directly for permission to do so.*

Elmira Gymnastics Club website: **Yes No**  
EGC publications (brochures, posters, etc): **Yes No**  
EGC Social Media (Facebook, Instagram): **Yes No**

### **Elmira Gymnastics Club ~ Withdrawal Policy**

All students are registered for the entire session unless a withdrawal form is completed. Written notification of withdrawal is required to the front desk two weeks (14 days) prior to withdrawal. Payment is due at that time through the final class date.

***I have read and understand the withdrawal policy: (parent initial)*** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_