

**Gymninny Kids, Inc. Program Participants
Authorization for Medical Treatment/Releases**

Parent or Legal Guardian:

We here at North County Gymnastics & The Gymninny Kids would like to ensure the safest environment for you & your child(ren). Please fill out this form and return it to the Gymninny Kids front desk so that you & your child(ren) may actively participate in this program. This form, signed by you, authorizes emergency medical treatment for your child and/or yourself in the case of necessity. Thank You.

1. Child's Name _____ Child's birth date _____

2. Child's Name _____ Child's birth date _____

3. Child's Name _____ Child's birth date _____

4. Child's Name _____ Child's birth date _____

Parent/Guardian's Name _____

Home Address _____ City _____ Zip _____

Email Address: _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____ (other than parents)

Allergies _____

Dr. Name _____ Dr. Phone _____

In consideration for allowing my child(ren) _____ & myself _____ to use Gymninny Kids, Inc. facilities, I hereby release Gymninny Kids, Inc. and its staff and directors, and/or any parent from any responsibility in case of accident, illness, or injury during his/her time at Gymninny Kids, Inc.

I authorize any treatment by an accredited hospital and/or physician deemed necessary in case of an emergency when parents are not present and cannot be reached.

My child(ren) and I are covered by the following insurance carrier:

_____, policy # _____,

and I understand that I am responsible for any medical expenses that may be incurred through my child's or my participation in gymnastics activities.

I have read all of the above RELEASES and agree to allow my child to participate at Gymninny Kids, Inc.

Signature of Parent/Guardian _____ Date _____

Comments: _____

Staff Notes: _____