

# YGC Registration Form

Family Name \_\_\_\_\_

| Child's Name | Birth Date | M/F | Trial Date |
|--------------|------------|-----|------------|
|              |            |     |            |
|              |            |     |            |
|              |            |     |            |

## Parent Information

|                                   |  |
|-----------------------------------|--|
| <b>Name/Relationship to Child</b> |  |
| <b>Address</b>                    |  |
| <b>City, State, Zip</b>           |  |

|                   |                   |                      |
|-------------------|-------------------|----------------------|
| <b>Home Phone</b> | <b>Cell Phone</b> | <b>Email Address</b> |
|                   |                   |                      |

## Emergency Information

|  |
|--|
| List any physical limitations, current illnesses and/or allergies, and current medication: |
|  |
|  |
|  |

## Medical Information

|                               |  |                              |  |
|-------------------------------|--|------------------------------|--|
| <b>Health Plan</b>            |  | <b>Policy Number</b>         |  |
| <b>Primary Care Physician</b> |  | <b>Phone Number</b>          |  |
| <b>Preferred Hospital</b>     |  | <b>Date of Last Physical</b> |  |

How did you hear about Yelm Gymnastics Center? \_\_\_\_\_

The undersigned hereby acknowledges that participation in gymnastics, cheerleading, martial arts, and other activities offered at Yelm Gymnastics Center involves an inherent risk of physical injury. The participant attending programs at Yelm Gymnastics Center and using the facilities, does so at his or her own risk. Yelm Gymnastics Center, its officers, agents, and employees shall not be held liable for any damage arising from personal injuries or property damage sustained by the participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises, and for all claims, demands, damages, rights of action, present or future, resulting from the participant's use of the gym and its facilities. Participation at Yelm Gymnastics Center is voluntary, and with the understanding of the risk of accidental injury involved in this sport. I hereby authorize Yelm Gymnastics Center and its agents to act for me according to their best judgment in any emergency requiring medical attention.

Permission is hereby granted for photographs and/or videotapes to be taken of my child at the gym and events. Yelm Gymnastics Center has the right to utilize these photographs in brochures, displays, or for any other purpose.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. FAILURE TO FOLLOW THESE POLICIES MAY RESULT IN SERIOUS INJURY.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_