

## Gymnast Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

## Health Information

Physical Handicaps- Any weaknesses in bones, joints, muscles or organs? \_\_\_\_\_

Chronic Ailments- Respiratory, circulatory, etc.? \_\_\_\_\_

Allergies? \_\_\_\_\_

Taking Medications? \_\_\_\_\_

Doctors name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_ # \_\_\_\_\_

## Parents/Guardians Information

Parents/Guardians \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*please provide your email address to be signed up on the program newsletter or add us on Facebook

e-mail \_\_\_\_\_

In Case of Emergency and we cannot be reached please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that every effort will be made to reach me in case of emergency. If I am unable to be contacted, I hereby authorize the staff at the YMCA of Greater Westfield to act in my absence according to their best judgement in any emergency requiring medical attention, and hereby waive and release the YMCA from any and all liability for any injuries incurred during the gymnastics season. I understand that participation in gymnastics involves motion, rotation and height in a unique environment and as such carries the risk of injury.

I hereby authorize qualified medical personnel to administer necessary emergency treatment to my child in the event of an accident in which I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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