

Gymnast Information

Name _____ Age _____ Birthdate _____

Address _____

City, State, Zip _____

Home Phone _____ T-Shirt 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 _____