

Student Information Form

[change of information from previous form? Y / N]

Student Information

Student's name: _____
Home phone: _____ Birth Mo/Yr: ___/___ Age: _____ M / F: ___
Address: _____
City: _____ State: _____ Zip: _____
eMail: _____ Would you like to receive email notices? Y / N

Family Information

Mother's name: _____ Above address: Y / N
Cell phone: _____ Work phone: _____
Father's name: _____ Above address: Y / N
Cell phone: _____ Work phone: _____

Siblings also enrolled (if all other information corresponds, no additional form is needed):

_____ Birth Mo/Yr: _____ Age: _____ (Day: _____ Time: _____)
_____ Birth Mo/Yr: _____ Age: _____ (Day: _____ Time: _____)
_____ Birth Mo/Yr: _____ Age: _____ (Day: _____ Time: _____)

Emergency Information

Emergency contact name: _____
Phone number: _____ Relationship: _____
Doctor's name: _____
Phone number: _____ Medical Insurance: _____

Medical Information

Any intolerance to drugs or medications?

Any previous illness, injury, or existing condition the staff should be aware of?

If so, any restrictions?

How did you hear about us? _____

Club Waiver and Release Form

As regards (child(ren)'s name): _____

I fully understand that Planet Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Planet Gymnastics staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Planet Gymnastics staff, to call our doctor and to seek medical help, including transportation by a Planet Gymnastics staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Planet Gymnastics staff deem this to be necessary.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____.

We, the staff of Planet Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading, rock climbing, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline, Rock Climbing, and Cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Planet Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, trampoline, dance, rock climbing, or cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Planet Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Planet Gymnastics and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Planet Gymnastics will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____.

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