SHELBY CITY PARKS & RECREATION DEPARTMENT
GYMNASTICS REGISTRATION FORM

OFFICE USE ONLY

Class: ____________________Day: ____________________Time: ____________________

PARTICIPANTS INFORMATION:

Participant: ____________________ /____________________ /____________________
(LAST) (FIRST) (MI) (Name child goes by)

Address: ____________________ /____________________ /_____/_______ /____________________
(Street) (City) (State) (Zip) (School Attending)

Mailing Address (If Different): ____

Date Of Birth: ____________________ Home Phone #: ______________________

Mother's Name: __________________ Mother's Work #: ____________________ Cell #:____________

Father's Name: ___________________ Mother's Work #: _____________________ Cell #: ___________

Email Address: ____

PARENTAL AUTHORIZATION

I, parent or guardian, of the above named candidate for gymnastics; give my approval for participation in any and all activities during current session. I assume all risks and hazards incidental to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless our organization, supervisors, participants for any claim arising out of any injury to her/him except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to managing personnel or other leagues. representatives to authorize and obtain medical care from any licensed physicians, hospital or medical clinic if she/he becomes ill or injured while participating when neither parent/guardian is available to grant authorization for emergency treatment.

PARENT OR GUARDIAN: ____

RELATIONSHIP TO PARTICIPANT: ____

SIGNATURE: ____ DATE: _________________

GYMNASTICS PARTICIPATION REGISTRATION FORM

MEDICAL HISTORY
(TO BE COMPLETED BY PARENTS)

PARTICIPANT ___________________________________AGE ____________ BIRTHDATE ______________

1. Please give explanation of any of the following medical conditions now or in the past:

______Diabetes
______Heart Murmur
______Sight Difficulties
______Eye Glasses or Contact Lenses
______Dental Appliances
______Asthma
______Nose Bleeds
______Hearing Difficulties
______Arthritis
______Allergic Reaction to Insect Bites
______Hyperactivity

Headache_______
Fracture(Broken Bone)________
Dislocation or Sprain________
Back or Neck Surgery________
Surgery________
Ankle or Foot Problem________
Elbow or Wrist Problem_______
Foot or Hip Problem________
Attention Deficit Syndrome_______
Processing Problem________
Sequence Learning Difficult_______

Explanation: ____

2. Explain any condition(s) not listed above: ____

3. Is gymnast currently on medication? Yes_____ No_____

   Type: __________________________ / Purpose: ___________________________

4. Name and phone number of physician: ____________________________________
   ____

PARENTAL PERMISSION

As parent of legal guardian of ____, I hereby give my consent for her/his participation in the athletic activity list below. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participates; and for any claim arising out of any injury to the player. I also grant permission for treatment deemed necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor**. I ALSO REALIZE THAT THIS IS A HIGH RISK SPORT AND CAN RESULT IN SERIOUS CATASTROPHIC INJURT, PARALYSIS OR EVEN DEATH. WARNING!! PARTICIPATION I GYMNAATICS INVOLVES MOTION ROTATION AND HEIGHT IN A UNIQUE ENVIRONMENT AND, AS SUCH, CARRIES WITH IT A SUBSTANTIAL ASSUMPTIONOF RISK.**

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SIGNATURE OF PARENT OR GUARDIAN