



PARENT PERMISSION & MEDICAL RELEASE WAIVER

In consideration of the acceptance of my daughter/son in the gymnastics program, I hereby agree to allow Mid-Minnesota Gymnastics Academy to use my child's picture and/or name in publications, displays, presentations, newspaper articles, brochures and other related publicity regarding our activities.

I recognize that participation in this program outside of the school day, specifically including athletic or physical education activities, requires an increased level of exercise and physical activity. I, as the parent or guardian, hereby certify that the child specified herein is in satisfactory physical condition, capable of moderate exercise, running, jumping, and other physical activity, which may be included in the activity for which he/she is registered. If I am unsure of the content of the program that I have selected, I will inquire for further information from Mid-Minnesota Gymnastics Academy prior to participation. If I am unsure of my child's fitness level or ability to participate, I will seek the advice of a physician or qualified medical professional prior to allowing him/her to participate.

As a responsible organization, we believe it is our duty to inform you, the parents of the students in our gymnastics program, of the potential risks involved in the sport of gymnastics, tumbling and dance. As with any sport, there is the real possibility of an injury. We take every precaution possible to prevent injuries of any kind. We believe we have a very safe program and are always learning new ways to teach gymnastics more safely. We emphasize safety with all of our instructors and coaches. Safety is their number one consideration while teaching. However, accidents can still happen. Gymnastics, tumbling and dance can be dangerous, and can lead to injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Because of the dangers of the sport, 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. **WARNING: Catastrophic injury, paralysis or even death can result from the improper conduct of the activity.** I understand that Mid-Minnesota Gymnastics Academy cannot be held responsible for unforeseen circumstances or events that may occur during the activity time. I agree that the Gymnastics staff will use their best judgment and training in providing a safe experience for all of the participating students. I understand the staff members are not physicians or medical practitioners of any kind and they will not accept the responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or dance instruction. With that in mind, I hereby release the staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary to call our doctor and to seek medical help, or the calling of an ambulance for said child should the staff deem it to be necessary. The child will be transported at my personal expense. The terms hereof serve as a release and assumption of risk for my heirs, estate, and for all members of my family. In consideration for allowing my child to participate, I hereby assume all the risks associated with the sport of gymnastics, tumbling, and dance, and agree to hold Mid-Minnesota Gymnastics Academy and their staff harmless from any and all liability, causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with my child's participation in any activities related to the sport.

THE TERMS ABOVE SERVE AS A LEGAL RELEASE.

BY SIGNING ON THE PARENT/GUARDIAN SIGNATURE LINE BELOW, YOU AGREE TO THE FOLLOWING STATEMENTS:

- I allow my child to participate with Mid-Minnesota Gymnastics Academy.
- I have read and I understand the above waiver for the Mid-Minnesota Gymnastics Academy gymnastics program.

Child's Name: _____ Parent's Name: _____

Parent's Signature: _____ Today's Date: _____

Home Phone: _____ Cellular Phone: _____

Emergency Contact Name: _____ Relationship to child: _____

Home Phone: _____ Cellular Phone: _____

Providing your medical information below can assist personnel in the event of an emergency if you or your contact person cannot be reached.

THIS PORTION MUST BE FILLED OUT IN ORDER TO PARTICIPATE!

Clinic Name: _____ Doctor's Name: _____

Clinic Phone #: _____ Medical Insurance Company: _____

Group # _____ ID # _____

THIS DOCUMENT WILL BE KEPT ON FILE FOR ONE YEAR. IT IS THE RESPONSIBILITY OF THE PARENTS TO KEEP MID-MINNESOTA UPDATED ON ANY CHANGES TO THIS INFORMATION.



REGISTRATION FORM

(New 01/01/09, Updated 08/10/10)

STUDENT INFORMATION:

Student's Name: _____ Birth date: ____/____/____ Male/Female
School Attending: _____ Grade: _____ Current/New
Student's Home Address: _____ City: _____ Zip: _____

EMAIL: _____

Guardian/Parent Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Ext. _____ Cell. Phone: (____) _____

Guardian/Parent Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Ext. _____ Cell. Phone: (____) _____

EMERGENCY CONTACT INFORMATION:

Name and Relationship to student: _____ (Must be a non parent relationship)

Home Phone: (____) _____ Cell. Phone: (____) _____

MEDICAL INFORMATION:

Did you fill out your Annual Medical Release Form? Please circle one answer: **Yes** **No**
Any changes in your Annual Medical Release Form? If yes, please fill out the following information where needed.

Clinic Name: _____ Doctor's Name: _____

Clinic Phone #: _____ Medical Insurance Company: _____

Group # _____ ID # _____

Any previously illness/injury the staff should be aware of? If so, are there any restrictions? _____

Medical Problems/Allergies/Medications: _____

CLASS REGISTRATION:

Name of Class: _____ Session: _____

Time of Class: _____ Day of Week: _____

Name of Class: _____ Session: _____

Time of Class: _____ Day of Week: _____

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

**** POLICIES, PRICES AND PROCEDURES CAN CHANGE WITHOUT NOTICE AT THE DISCRETION OF
MID-MINNESOTA GYMNASTICS ACADEMY . ****