2009 GGC TEAM CAMP
GYMNAST INFORMATION SHEET

GYMNAST INFORMATION		
Name:		Preferred Name:
Date of birth:		
E-mail Address:		Mobile Phone:
Level Competed Last Season:		
PARENT(S) INFORMATION		
Parent(s) Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Alt. Phone:	Mobile Phone:
E-mail Address:		
EMERGENCY CONTACT		
Name:		
Phone:	Alt. Phone:	Mobile Phone:
Relationship:		

EMERGENCY MEDICAL RELEASE / WAIVER AND RELEASE OF LIABILITY

The undersigned, being the parent or guardian of the student(s),
_____,

_____, Does hereby authorize Gwinnett Gymnastics Center, it's Coaches, Trainers, or any Member of it's Staff, to obtain Emergency Medical Treatment from any Physician, Hospital, or other Qualified Medical Personnel or Facility as needed in the event of accident or injury. The undersigned also agrees to be responsible for all the costs of said Emergency Treatment. The undersigned further states that the that the above mentioned student is in good health and is not suffering from any medical or physical impairment except: _____
_____. The undersigned further certifies that said student is not allergic to any medicines or drugs, except:
_____.
The undersigned is fully aware of and appreciates the risks, including the risk of possible serious injury, as well as other damages and losses associated with participation in gymnastics activities and training. The undersigned further agrees that Gwinnett Gymnastics Center, It's Officers, Employees, Agents, Directors, Coaches, Trainers, or any Members of It's Staff, shall not be liable for any losses or damages occurring as a result of participation in gymnastics activities and training, except for such loss or damages that is the result of intentional or reckless conduct of one of the Organizations or Individuals Identified above.

Parent: _____ Student:
_____

Name of Child participant (if under 18):

_____

Name of Adult participant/parent:
_____
I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors, and administrator, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Gwinnett Gymnastics Center (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Gwinnett Gymnastics Center.

_____,
Participant Signature (if over 18)

Minor Release

_____,
Name of Parent / Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against the releasee's named above, I will indemnify, save, and hold harmless each of the releasee's from litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

_____ _____
Signature of Parent or Guardian Date