

**TOLEDO TURNERS GYMNASTICS / AMERICAN TURNERS – TOLEDO
STUDENT REGISTRATION FORM**

ACCOUNT LAST NAME: _____ ACCOUNT PHONE NUMBER: _____

ACCOUNT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ACCOUNT EMAIL ADDRESS(ES): _____

STUDENT RESIDES WITH: MOM DAD BOTH

PARTICIPANTS: (PLEASE LIST LAST NAME IF DIFFERENT)

CIRCLE ONE

FIRST NAME: _____ M / F BIRTHDATE ____ / ____ / ____

FIRST NAME: _____ M / F BIRTHDATE ____ / ____ / ____

FIRST NAME: _____ M / F BIRTHDATE ____ / ____ / ____

MOTHER'S NAME: _____ CELL PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

EMERGENCY CONTACT INFORMATION –

IN THE EVENT OF AN EMERGENCY AND I/WE CANNOT BE REACHED AT THE ABOVE NUMBERS, PLEASE CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

HEALTH & MEDICAL INFORMATION

If participant(s) have had any of the following conditions or problems, or any other medical conditions not listed please note in the space provided. Also, please list any medications taken on a regular basis. Be sure to specify which participant(s). Examples: Appendicitis, Asthma, Allergies, Diabetes, Heart Ailments, Hernia, Epilepsy, Fainting Spells, Neurological Disorders, ADHD, ADD, Orthopedic Conditions, Any Significant Injuries or Surgeries, and/or any other medical conditions that could affect his/her/their ability to practice or participate. (If none, so state)

PARTICIPANT PHYSICIAN & INSURANCE INFO

DOCTOR: _____ PHONE: _____ PREFERRED HOSPITAL(S): _____

MEDICAL INSURANCE COMPANY: _____ GROUP #: _____ ID #: _____

MEDICAL INSURANCE PROVIDED THROUGH (NAME): _____

PHOTO / VIDEO RELEASE

I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at Toledo Turners Gymnastics. I authorize Toledo Turners Gymnastics to use and publish images, photographs, pictures, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use (including Facebook). I hereby waive any right I may have to review, inspect, edit or approve such publication, understand there is no compensation, and I release Toledo Turners Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor.

I do give my consent

I **do not** give my consent for my/minor's photo to be taken

CONSENT AUTHORIZATION

If a medical emergency occurs which requires immediate attention, and if reasonable attempts to contact me are unsuccessful, I authorize American -Turners Toledo personnel to take the necessary steps to aid my child or children. I give my consent for any treatment deemed necessary by above named doctors or preferred practitioners to any hospital reasonable or accessible.

**This authorization does not cover major surgeries unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery

Parent/Legal Guardian Signature: _____ Date: _____
(Note: If you do not wish to give your consent, please cross out the above statement and sign the section below.)

REFUSAL TO CONSENT TO MEDICAL TREATMENT

I do not give my consent for emergency medical treatment for my child or children. In the event of illness or injury requiring emergency treatment, I wish the American Turners-Toledo authorities to take no action or to: _____

Parent/Legal Guardian Signature: _____ Date: _____

CONTRACT AND WAIVER OF LIABILITY

The undersigned parent/legal guardian of the listed named participant(s) in an American Turners-Toledo activity, hereby gives their approval for the participant's participation in any and all gymnastics activities and does assume all risks and hazards incidental to such participation. I understand that participation in gymnastics and all other gym activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. I understand that concussions and other head injuries have serious and possibly long-lasting effects. My child (children) and I are fully aware of and appreciate the risks. We assume all risks and hazards associated with such participation in this sport, including transportation to and from activities.

I hereby acknowledge that I accept the risk and waive, release, absolve indemnity, agree to hold harmless and forever discharge American Turners-Toledo and Toledo Turners Gymnastics, its directors, officers, agents, employees, representatives, and any volunteers in any way associated with American Turners-Toledo and Toledo Turners Gymnastics of any and all claims for personal injury, illness and/or property damage that I may have against American Turners-Toledo and Toledo Turners Gymnastics. All medical expenses incurred will be the responsibility of the participant(s) or the participant's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical impairment that would be affected by the named participant's participation in the American Turners-Toledo Gymnastics program. American Turners-Toledo and Toledo Turners Gymnastics is not responsible for personal items lost, stolen, or damaged.

The undersigned also promises not to interfere with any supervisor, coach, or judge during any practice or other activity. I have been given the **Toledo Turners Gymnastics Information - Rules and Policies handout**; I have read, understand, and agree to abide by these policies and procedures. I have had an opportunity to ask questions and fully understand and appreciate the legal effect of signing this document. It is my specific understanding that, by signing this document, my child and/or I will be giving up our right to hold any party hereby released responsible for any liability for any cause, or any past, present, or future harm to my child.

I have read the CONTRACT AND WAIVER OF LIABILITY, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and extent.

PARENT SIGNATURE (FOR EACH PARTICIPANT)

PARTICIPANT'S NAME

DATE

THE ANNUAL REGISTRATION FEE MUST ACCOMPANY THIS FORM AND IS NON-REFUNABLE

Office Use Only: New Member Renewal Amount Paid: \$ _____ Cash Check Check # _____ Date _____