



Gymnastics Plus

Registration Form

____ Week 1 June 22 – 25

____ Week 2 July 13-16

____ Week 3 Aug 3-6

Form must be filled out in its entirety with all signatures.

Please PRINT CLEARLY and RETURN to Gymnastics Plus

Child 1	Child 2
Name: _____ (First) (Last)	Name: _____ (First) (Last)
Birthdate: _____	Birthdate: _____
Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female

Parent/Guardian Name: _____ (First) (Last)	Phone Number: _____
Work Number: _____	Email Address: _____
Parent/Guardian Name: _____ (First) (Last)	Phone Number: _____
Work Number: _____	Email Address: _____
Address: _____ City: _____ State & Zip: _____	

Emergency Contact (other than Parent/Guardian):
In case of an emergency if guardians cannot be reached, the following adult should be contacted: (Required to be local) this individual will be authorized to pick up unless otherwise indicated.

Emergency Contact: _____
(First) (Last) Phone Number: _____

Medical Information
List any physical/psychological disabilities, chronic ailments, special needs, past injuries and/or allergies for each child.

Child 1 : _____
Child 2: _____
Doctor Name: _____ Phone: _____ Ext: _____

Gymnastics Plus

A program of

Boys & Girls Club of Southwestern
Oregon

PO Box 1082, 3333 Walnut Ave

Coos Bay OR 97420

Please read and **MUST** sign the back



BOYS & GIRLS CLUB
OF SOUTHWESTERN
OREGON

Assumption of Risk

I am the parent and/or Legal Guardian of my child(ren)]. I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion; those activities include but are not limited to gymnastics, cheerleading, tumbling, trampoline, movement education, dance, and stunting. I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices, including trampoline. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child(ren)'s participation in these activities. I represent to Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) that my child is medically fit to participate. Furthermore, I recognize that because of increased movement, height, flipping, twisting and inversion, the competitive pursuit of these sports and activities carries a higher degree of risk of catastrophic injury than do the recreational versions.

I've read the above and agree.

Release of Liability

In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE AND DISCHARGE Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) its officers, directors, shareholders, employees, contractors, teachers, coaches and volunteers from all liability resulting from damages or injuries incurred as a result of participation in Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) programs, including those resulting from acts of negligence. I understand that Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) has relied upon this agreement in determining the extent of insurance coverage to be obtained, and that in the absence of this Release, Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) would charge considerably higher fees to participants.

I've read the above and agree.

Consent to Medical Treatment in Case of Emergency

In the event of an accident or emergency, I hereby authorize Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) and its representatives, including its employees, contractors, teachers, coaches and volunteers, to render first aid to my child(ren) to the extent they deem appropriate or a doctor will be called if necessary. I agree to hold Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) and its representatives harmless from any and all decisions made with respect to medical and dental treatment for my child(ren). Additionally, I hereby agree to be personally responsible for payment of all medical and dental expenses, including transportation, which may be incurred by myself or on behalf of my child(ren) as a result of any injury sustained while participating at or for Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) including future medical and dental expenses related to such injury.

I've read the above and agree.

Photo/Video Release

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren)'s participation I hereby grant permission for my child(ren)'s likeness to be used in Gymnastics Plus (Boys & Girls Club of Southwestern Oregon) publicity or advertising.

I've read the above and agree.

I AGREE TO ALL OF THE ABOVE

Parent/Guardian Signature: _____ Date: _____