



St. Charles Gymnastics Academy

720 N. 17th Street, St. Charles, IL 60174

Phone 630-584-5544

Fax 630-584-6650

www.stcgymacademy.com

STUDENT INFORMATION

CHILD(REN)'S NAME	DATE OF BIRTH	AGE	GENDER	
	/ /		M	F
	/ /		M	F
	/ /		M	F
	/ /		M	F

PARENT/GUARDIAN INFORMATION

MOM'S FULL NAME _____ HOME PHONE(_____) _____

EMAIL _____ CELL PHONE (_____) _____

DAD'S FULL NAME _____ HOME PHONE(_____) _____

EMAIL _____ CELL PHONE (_____) _____

ADDRESS _____ CITY _____ ZIP _____

****EMERGENCY CONTACT**** _____ RELATIONSHIP _____

HOME PHONE(_____) _____ CELL PHONE(_____) _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As parent or legal guardian of above named student(s) I recognize and acknowledge the risks associated with activity involving height and motion, including but not limited to gymnastics, tumbling, trampoline, creates the possibility of catastrophic injury, paralysis or even death. I assume all risks of any such injury, damages or loss to me or the aforementioned students as a result of participating in any activity connected or associated with St. Charles Gymnastics Academy LLC. I waive and relinquish all claims, covenant not to sue, and forever release St. Charles Gymnastics Academy LLC its owners, directors, administrators, employees or agents from all liability for any and all damages or injuries suffered by my child or me, while at St. Charles Gymnastics Academy LLC.

In the event of an emergency, I hereby authorize and give consent to St. Charles Gymnastics Academy LLC and its employees, to provide medical attention and give authority to any emergency unit, hospital or doctor to render medical treatment to me or the aforementioned above during the course of any activity involved with St. Charles Gymnastics Academy LLC.

MEDIA RELEASE

Without compensation to me or the student, I hereby grant to St. Charles Gymnastics Academy LLC the right and permission to take, copyright, publish and use any photographic pictures, videos or audio of myself or the aforementioned above for use through reasonable promotion of gymnastics and sports conducted by St. Charles Gymnastics Academy LLC. I permit St. Charles Gymnastics Academy LLC to use this media in a matter within reason and that is not deemed to be socially inappropriate for use.

PARENTAL CONSENT

I, the minors' parent or guardian, understand the nature of the above referenced activities and the minors' experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Releasees from all liability claims, demands, losses of damages on each minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, or the minor, or anyone on the minors' behalf makes a claim against any of the above Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any Releasee may incur as the result of any such claim.

I have further read and fully understand the information above and hereby verify by my signature below that I accept the conditions of the waiver, release and indemnification; and furthermore permit my child(ren)/ward(s) to participate in all events provided by St. Charles Gymnastics Academy LLC.

I also understand that in all activities whereas I myself am participating, I consent to **STAYING OFF ALL EQUIPMENT IN THE FACILITY**, (i.e. trampolines, bars, rings, inflatables) excluding walking surfaces and mats.

Printed Name of Parent/ Legal Guardian or Responsible Party _____

Signature of Parent/ Legal Guardian or Responsible Party _____

Date _____

Medical History

In order to assure a safe and informed environment for your child(ren) we ask that you fill out this section completely.

Please check the appropriate box for each child:

Student Name: _____

	Yes	No
Convulsions	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Contacts or eyeglasses	<input type="radio"/>	<input type="radio"/>
Chicken Pox	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>

Any known allergies or reactions _____

Known physical or mental impairments _____

Current medications _____

Student Name: _____

	Yes	No
Convulsions	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Contacts or eyeglasses	<input type="radio"/>	<input type="radio"/>
Chicken Pox	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>

Any known allergies or reactions _____

Known physical or mental impairments _____

Current medications _____

Student Name: _____

	Yes	No
Convulsions	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Contacts or eyeglasses	<input type="radio"/>	<input type="radio"/>
Chicken Pox	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>

Any known allergies or reactions _____

Known physical or mental impairments _____

Current Medications _____
