

# GGA SPECIAL EVENTS REGISTRATION FORM

Students Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Email: \_\_\_\_\_

## WHO CAN WE CALL IF PARENTS CANNOT BE REACHED

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION

Any Intolerance/allergy to drugs or medications: \_\_\_\_\_

If so, please elaborate: \_\_\_\_\_

Does child have any medical conditions we should know about? \_\_\_\_\_

If so, please elaborate: \_\_\_\_\_

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## ACKNOWLEDGEMENT OF RISK, WAIVER OR LIABILITY, AND MEDICAL RELEASE:

As parent/legal guardian of \_\_\_\_\_, I hereby consent to the above person participating in the GEORGIA GYMNASTICS ACADEMY, INC.'S programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics. I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline. I understand that it is the express intent of GEORGIA GYMNASTICS ACADEMY, INC. to provide for the safety and protection of my child, in consideration for allowing my child to use these facilities, I hereby release GEORGIA GYMNASTICS ACADEMY, INC. it's officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of GEORGIA GYMNASTICS ACADEMY, INC.

I specifically appoint GEORGIA GYMNASTICS ACADEMY, INC. to authorize emergency medical treatment for my child \_\_\_\_\_, to excuse consent orders or other documents for any medical procedure which is required to save the life of \_\_\_\_\_, or to prevent a deterioration of any existing or new medical condition, or to stabilize any medical condition which may or may not deteriorate, as fully as I could if I were present. This acknowledgement of risk, waiver of liability, and medical release having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

We would like your permission to include your daughter/son's picture on our website. No names will be printed with the pictures. Please mark the appropriate box below:

\_\_\_\_\_ I **DO** give my consent to use my child's photo \_\_\_\_\_ I **DO NOT** give my consent to use my child's photo

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_