

Dream Big Gymnastics

Policies and Legal Agreement (2/26/2018)

As legal guardian, I give my permission for my child to participate in gymnastics, cheerleading and related activities. My child and I are aware that there are inherent risks in gymnastics and cheerleading. These risks include but are not limited to bodily injury, partial or full disability, paralysis, and death. We accept and assume such risk and the responsibility for the losses and/or damages following such injury, disability, etc. We agree to hold Dream Big Gymnastics harmless for such injuries.

I declare my child to be in good physical and mental health and able to participate in the sport of gymnastics or cheerleading. I declare that any physical/mental problems, restrictions, special needs, serious allergies or conditions are identified during the Registration process. I agree to notify Dream Big Gymnastics of any pertinent changes occurring after the Registration process has been completed.

I've read the above and agree. Please initial_____

Release of Liability

As legal guardian, I release and hold harmless Dream Big Gymnastics, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or myself while in or upon the premises or any premises under the control and supervision of Dream Big Gymnastics, its owners and operators or in route to or from said premises.

I've read the above and agree. Please initial_____

Medical Emergencies

As legal guardian, I give permission to Dream Big Gymnastics, its owners and operators to seek medical treatment for my child in the event I cannot be reached. I authorize Dream Big Gymnastics to administer basic first aid and to call 911 to request an ambulance.

I've read the above and agree. Please initial_____

Photography

As legal guardian, I give my permission for Dream Big Gymnastics to take pictures and post images of my child on its website and Facebook page. Names will not be used for students in the Recreational Program. First names may occasionally be used for competitive gymnasts.

I've read the above and agree. Please initial_____

Parent/guardian name _____ Date_____

Address_____ City/State_____

Cell #_____ Home Phone_____

Signature_____

Double sided form – please turn over to complete all questions. Thank you.

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Child's name _____

Medical Information _____

Medications _____

Allergies _____

Disabilities _____

Additional Information _____

Child's name _____

Medical Information _____

Medications _____

Allergies _____

Disabilities _____

Additional Information _____

Parent/guardian name _____ Date _____

Signature _____

Double sided form – please turn over to complete all questions. Thank you.