

2018-19 FBG EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Student _____ Age _____ Birth Date _____ Gender(M/F) School _____
Class Level _____ Day _____ Time _____ Starting Date _____

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Class Level _____ Day _____ Time _____ Starting Date _____

Parent(1) _____ Home Phone _____ Cell _____ Work _____
Parent(2) _____ Home Phone _____ Cell _____ Work _____
Street Address _____ Town _____ Zip Code _____

E-Mail Address _____

In an emergency where the parent/guardian cannot be reached, please contact the following:

Emergency Contact (1) _____ Phone _____ Relation _____
Emergency Contact (2) _____ Phone _____ Relation _____

HEALTH INFORMATION

In order to help us with the instruction of your child, please indicate any physical, emotional or social impairment or challenges which your child may have such as: Allergies (please provide details) _____ Asthma _____ Heart _____

Ailment _____ Arthritis _____ Diabetes _____ Epilepsy/Fainting Spells _____
Nose Bleeds _____ Fear of Heights _____ Broken Bones (if so which) _____
Hyperactivity _____ Learning Challenges _____ Please list any
medications your child is taking _____ Please list any other
health info we should know _____ Family _____
Physician _____ Phone _____ Medical
Insurance Company _____ Phone _____ Policy
Holders Name _____ Policy Number _____

This authorization for medical treatment must be completed before any student begins participation in any class at Frog Bridge Gymnastics, LLC, treatment for injury will be based on information provided herein.

In the consideration of the permission granted to above named participant to enroll as a student in Frog Bridge Gymnastics, LLC (hereon referred to as FBG) classes and/or any other function or event sponsored by FBG or held on or off gym property, I hereby release and hold harmless, FBG it's employees, instructors, volunteers, agents, directors, and officers, including owners and tenants of U-JAM, LLC, from any and all claims, demands, liability, harm, injury or damage which may result to myself or my child or ward while enrolled as a student of FBG and including all risks connected therewith. I fully understand that the above named participant assumes all the risks in connection with enrolling and participating in the activities of FBG. I understand that any activity that involves motion, rotation, height or inversion may cause serious accidental injury, including paralysis or even death. *All medical expenses incurred will be the responsibility of the participant or the participant's family.* I further certify that the above named participant has undergone a complete physical examination within the last _____ months and that such participant is not suffering from any physical condition or disease, which might increase their risk of injury or accident by participating in the activities of the FBG. I hereby give consent for FBG to provide through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's or my wards, participation in the FBG programs.

I give permission for my child's picture to be taken for news releases or advertisement, including the FBG website. YES/ NO I give permission for my child's name to be published in newspapers and/ or press releases. YES/ NO

I have read this release and understand all it's terms.

Signed _____ Date _____

Parent or Legal Guardian of participant

PAYMENT CONTRACT: I understand that I am committing to an entire 8 week session of gymnastics or ninja training beginning on _____ date, and that I will be responsible for letting the office know at least 2 weeks in advance of the next session if I plan to DISCONTINUE. Otherwise I will automatically hold my space in the next session and will be billed and held responsible for all pending payments.

Signed _____ Date _____

Parent or Legal Guardian of participant