



# Libertyville Gymnastics Academy Registration Form

### Athlete Information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Athlete Full Name                      Sex                      Age                      Date of Birth

\_\_\_\_\_  
Street                      City                      State                      Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mom's Name: \_\_\_\_\_ Cell/Work (\_\_\_\_) \_\_\_\_\_

Emergency: (\_\_\_\_) \_\_\_\_\_ Dad's Name: \_\_\_\_\_ Cell/Work (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

### Insurance Information:

Insurance Co.: \_\_\_\_\_ Plan/Group # \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Medical Information:

Doctor's Name: \_\_\_\_\_ Hospital (preferred) \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact (other than parent):

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Assumption of Risk, Waiver of Liability, Medical Authorization

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and use of inflatable. Being fully aware of these dangers I voluntarily consent to the aforementioned person participating in any and all Libertyville Gymnastics Academy Inc.'s programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Libertyville Gymnastics Academy Inc., its officers, directors, shareholders, employees or agents, from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Libertyville Gymnastics Academy Inc. including without limitation, those damages resulting from negligence on the part of its officers, officers, directors, shareholders, employees or agents.

In the event of an emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Libertyville Gymnastics Academy Inc. and its representative harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating at or for Libertyville Gymnastics Academy Inc.

Unnamed students, may occasionally appear in photographs and/or video recordings taken by gym staff members, other students, or other individuals authorized by the owners of Libertyville Gymnastics Academy. The gym may use these pictures, without identifying the students, in various publications, including but not limited to website newsletters, promotional postcards, DVD/photos shown or played in Libertyville Gymnastics Academy's building. No consent or notice is needed or will be given before Libertyville Gymnastics Academy uses pictures of unnamed students taken while they are in the gym or a gym-related activity.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent(s) or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_