



Health Information Form / CHILD

Emergency Information:

Name _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Cell Phone 2 _____

E-mail _____ E-mail _____

Father _____ Employer _____ Phone _____

Mother _____ Employer _____ Phone _____

In case of emergency, and I cannot be reached please call:

Name _____ Relation _____ Phone _____

Doctor _____ Hospital Affiliation _____ Phone _____

Please list any medical, physical, allergies or other concerns that may restrict your child's participation in any activity.

Club Waiver and Concordia Gymnastics Society Release Form

I fully understand that Concordia Turners Gymnastics Society staff members and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Concordia Turners Gymnastics Society staff or representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Concordia Turners Gymnastic Society staff to call a doctor, or to seek medical help, including transportation by a Concordia Staff member and or its representatives, whether paid or volunteer, to any health facility or hospital, or the calling of an ambulance for the said child should Concordia staff or representatives whether paid or volunteer deem it necessary.

Parent or Guardian Signature _____ Date _____

We the staff of Concordia Turners Gymnastics Society recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cup stacking, martial arts, dance, and other activities. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline, Cup Stacking, Martial Arts and Dance, and other activities can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow the safety rules and coaches instructions. Concordia Turners Gymnastics Society, its coaches, other staff members, other parents, or any representative whether paid or volunteer will not except responsibility for injuries sustained by any student during the course of gymnastics, tumbling, trampoline, cup stacking, martial arts, dance instruction, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate in at Concordia Turners Gymnastics Society or off site location for Concordia Gymnastics Society. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also affirm it is not the responsibility of Concordia Turners or their representatives to neither provide insurance for any member, nor be held liable for affiliated insurances offered (including but not limited to exclusion policies or representative error.) I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Concordia Turners will only warn the child through "Safety Messages" and our teaching style and progressions. I understand Concordia Turners will not be held responsible for the injury of anyone on Concordia Turner Gymnastics Society property or at any sponsored event of any kind, even though negligence whether willful or not on either parties' part may be discovered. If my child competes for Concordia – we (student and parent) must respect our coaches, teammates and teammate's parents. I also agree to have my child go to bed by 10 pm the night prior to competition. I also agree to allow Concordia Turners to use photos of my child from competition or class to be used in promotional material and press releases.

Parent or Guardian Signature _____ Date _____