



Health Information Form

Emergency Information

Name _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

E-mail _____

Father _____ Employer _____ Phone _____

Mother _____ Employer _____ Phone _____

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

Name _____ Relation _____ Phone _____

Permission for emergency procedure

Doctor _____ Phone _____

Medical, physical, allergies or other concerns that may restrict my child's participation in gymnastics.

Club Waiver and Release Form

I fully understand that Concordia Turners Gymnastics Society staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Concordia Turners Gymnastics Society Staff 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 our doctor and 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 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, fencing, martial arts and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline, Fencing, Martial Arts and Dance 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 and other staff members, will not except responsibility for injuries sustained by any student during the course of gymnastics, tumbling, trampoline, fencing, martial arts or dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may have against Concordia Turners Gymnastics Society and or its representatives whether paid or volunteer. 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 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. If my child competes for Concordia - we (student and parent) must respect our coaches, teammates and teammates 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 _____