

Elmira Gymnastics Club

Student Medical Information

Student Name _____ M/ F Age _____ D.O.B. ____/____/____
Address _____ City _____ State _____ Zip _____
Parent/Guardian Names: _____
Primary Phone: (____) _____ - _____ Name & Relationship to student: _____
Secondary Phone: (____) _____ - _____ Name & Relationship to student: _____
Email(s): _____

Medical Information

1. Does the student have any known health or learning problems that may limit his/her participation in this activity? ☐ Yes ☐ No If Yes, specify _____
2. Is the student under a physician's care for any health problems? ☐ Yes ☐ No If yes, specify _____
3. Physical Limitations (Please specify, including eyeglasses, hearing aids etc.) _____
4. Height: _____ Weight _____
5. Psychological Limitations: (Specify problem areas such as anxieties, fears, hyperactivity, hypersensitivity.) _____
6. Chronic Ailments: ☐ asthma, or other respiratory problems ☐ diabetes or hypoglycemia
☐ epilepsy ☐ hemophilia, or other bleeding problems ☐ circulatory or heart problems
7. Allergies: _____
8. Family Physician(s): _____

Phone: (____) _____ - _____
Phone: (____) _____ - _____
9. Hospital preference, if any: _____

Elmira Gymnastics Club ~ Picture Release

I give Elmira Gymnastics Club permission to use pictures of my child in the following format (*Circle Yes or No for each*)
Child name will never be listed unless the parent is contacted directly for permission to do so.

10.

Yes No Elmira Gymnastics Club website
Yes No EGC publications (brochures, posters, etc)
Yes No EGC Social Media (Facebook, Instagram)

WAIVER

- A. I hereby acknowledge that any activity involving motion, rotation, or height may cause serious accidental injury and with this acknowledgement assume all risks normal to the activity, thus releasing the sponsoring organization from any harm due to injury to myself or my child in connection with this activity.
- B. I further acknowledge that I have read and fully understand the club rules and policies which are incorporated and made a part of this agreement and agree to cooperate with the rules including such changes in rules and policies as may be promulgated from time to time.
- C. I realize that the Elmira Gymnastics Club specializes in professional gymnastic instruction and makes no claim to be able to diagnose or treat special learning or physiological disabilities. I also realize that Elmira Gymnastic Club has the right to restrict or refuse instruction to any participant with apparent natural physiological, social, and/or learning disabilities.
- D. I understand that Elmira Gymnastics Club makes no promise or prediction regarding the degree of success a student will realize through participation in any of the programs offered.

Elmira Gymnastics Club ~ Withdrawal Policy

All students are registered continuously until withdrawal is submitted on the Parent Portal. Withdrawal will not be accepted over the phone. Payment is due at the time of withdrawal through the final class date.

By Signing below I acknowledge that I have read and understand the withdrawal policy.

Parent/Guardian Signature: _____ **Date:** _____