



G-FORCE GYMNASTICS

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Gymnast Last Name

Gymnast First Name

Date of Birth

Age

Gender

Mailing Address

City

State

Zip

Mother's Name

Father's Name

Primary Phone

Secondary Phone

Emergency Phone

Email Address

Please List Any Injuries or limitations

Assumption of Risk

Participation in gymnastics activities involves motion, height, & rotation in a unique environment & carries with it a reasonable assumption of risk. Please understand that improper conduct of this activity can result in catastrophic injury, paralysis, or even death.

Initials

Release of Liability

I will in no way hold G-Force Gymnastics officials or staff responsible for any illness, accident, or injury which may occur during the students participation in the gym, or at sponsored events. In consideration for allowing my child to use these facilities, i hereby forever release and covenant not to sue G-Force Gymnastics, its officers, employees, volunteers, and all others associated from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of G-Force Gymnastics. As a legal guardian, I hearby 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 training or performing at G-Force Gymnastics.

Initials

Permission To Administer Emergency Treatment

When the parent/guardian cannot be reached in the event of an emergency involving my child, I authorize officials or staff to arrange transportation, and consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the physicians office or the hospital. I also authorize said physician or hospital to release student to G-Force officials or staff upon completion of treatment or examination.

Initials

Insurance Statement

I understand the insurance purchased through G-Force Gymnastics is a secondary policy designed for catastrophic injury coverage. I will be held responsible for any and all deductibles. (This enrollment policy is active for 12 months from the signature date. if absent for 60 + consecutive days, your policy will expire and be due upon return.)

Initials

I have read and / or received a copy of the G-Force rules and policies and agree to adhear to them.

Initials

Parent or Legal Guardian

Date