



FALLBROOK GYMNASTIC CLUB (A California Corporation)
STUDENT INFORMATION SHEET AND MEDICAL RELEASE

FIRST NAME LAST NAME DATE OF BIRTH

1 _____ / ____ / ____

2 _____ / ____ / ____

3 _____ / ____ / ____

Students Address _____

City _____ Zip _____

Home Phone(____)____-_____ Work Phone(____)____-_____ Email: _____

Mom's Cell(____)____-_____ Dad's Cell(____)____-_____ Pager(____)____-_____

Other than parent Emergency Phone(____)____-_____ Emergency Contact _____

Family Doctor _____

HOW DID YOU FIND US?

__ Friend _____ __ Sign __ Yellow Page F A P __ Newspaper __ Flier __ Other _____

MEDICAL RELEASE & WAIVER

I, the parent/guardian of _____ know that participation in any sport is a potentially hazardous activity. I realize that he/she should not participate unless he/she is medically able and properly trained. I assume all risks associated with his/her participation. Having read this waiver and knowing these facts and in consideration of your accepting my child's application to participate, I waive and release the Fallbrook Gymnastic Club, all sponsors, affiliated Clubs, event organizers, and officers and members thereof from all claims or liabilities of any kind arising out of his/her participation. Should emergency medical treatment be necessary during this instruction, I hereby grant consent to apply the following medical treatment to myself (or my child in my absence): any examination, anesthetic, medical or surgical diagnosis and/or special supervision of duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

Printed Parent/Guardian's Name **Signature** Parent/Guardian's \ \ _____
Date

Does your child have any medical problems that in any way will effect your child's participation in the sport of GYMNASTICS ? (include Allergies, learning disabilities, & Physical Handicaps). If yes Please explain. This question is only asked to aid the instructor in dealing with your child and of course safety of your child. Please state if you have a preference to which local facility to bring your child in case of medical emergency. (ie. Fallbrook Hospital, Camp Pendleton).

Date Filed _____ / _____ / _____
For Office Use Only