



MEMBERSHIP #:

CLASS DAY/TIME:

PREV. EXPERIENCE:

NAME: HOME PHONE:

ADDRESS:

CITY: STATE: ZIP:

DATE OF BIRTH: (mm/dd/yyyy)

Emergency Medical Treatment Statement

I, the parent/ guardian (check one) of give permission for emergency medical treatment of my child if I cannot first be contacted.

DATE

X _____
SIGNATURE (of participant, parent, or legal guardian)

MOTHER Name: Home Phone:

Cell Phone: E-Mail:

Work Phone: Employer:

FATHER Name: Home Phone:

Cell Phone: E-Mail:

Work Phone: Employer:

EMERGENCY Name: Home Phone:

Cell Phone:

Relationship:

MEDICAL Doctor: Phone:

Insurance Co: Policy #:

Medical Concerns:

Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubt as to your child's suitability for participating, please consult your doctor.

RELEASE

I, undersigned hereby agree to indemnify and save harmless Kids Supergym - Lakewood Ranch Inc. their officers, instructors, coaches, employees, members and clubs from and against all claims demands, costs, actions, suits or proceedings, arising out of any participation of myself/my child _____ in any activity.

DATE

X _____
SIGNATURE (of participant, parent, or legal guardian)

HOW DID YOU HEAR ABOUT OUR PROGRAMS? _____