

Gymnastics Plus

Boys & Girls Club of Southwestern Oregon
3333 Walnut Ave / P.O. Box 1082, Coos Bay OR 97420
Phone: (541)266-8217

New Gymnast ___ Returning Gymnast ___ Class ___ Day(s) ___ / ___ Time ___

Name: _____ Sex: ___ Age: ___ Birth date: _____

Address _____ City _____ Zip _____

Parent #1 First Name: _____ Last Name: _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Parent #2 First Name: _____ Last Name: _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Parent #1 E-mail: _____ Parent #2 E-mail: _____

Emergency Contact: _____ Phone: _____

Doctor Name: _____ Phone: _____ Ext. _____

The risks involved in respect to such a program are fully understood.

RELEASE: All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child/ward participate in programs and know ***there is a risk of injury***. It is hereby agreed that I, my child(ren) adopted or otherwise, heir and executors waive and release all rights and claims of damages that I may have at anytime against **Gymnastics Plus**, its representatives whether paid or volunteer for any injury or damages in connection with the gymnastics or other activities related to **Gymnastics Plus**.

Permission for medical treatment: I confirm that the above named person is in good health. I hereby authorize simple first aid and consent to any X-ray, exam and medical or surgical diagnosis which is deemed necessary.

Please list any problems we should be aware of (past injury, allergies, etc.): _____

Signature of Parent or Guardian _____ **Date** _____

Office use only:

Fee: Monthly Class fee: _____ Prorate / Scholarship: _____ Membership fee: _____