

GUARDIAN INFORMATION

Parent or Guardian 1 first name _____ last name _____ relationship _____

Parent or Guardian 2 first name _____ last name _____ relationship _____

Billing Address _____ city _____ state _____ zip _____

Primary phone (home/cell) _____ secondary phone (home/cell) _____

Emergency contact _____ phone _____

STUDENT INFORMATION

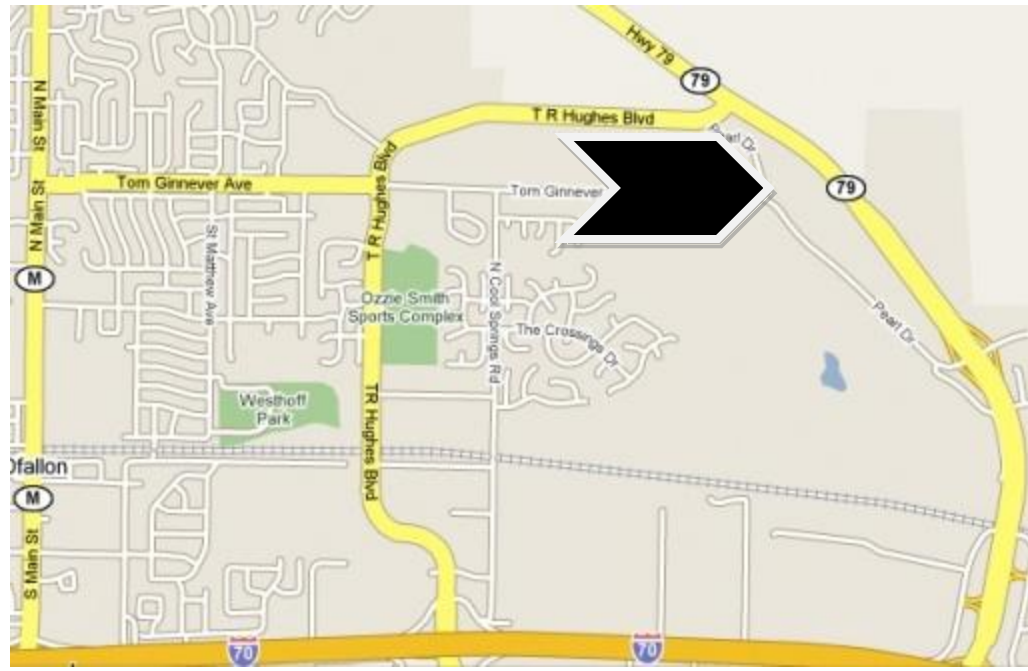
first names	last names	birthdates
_____	_____	_____
_____	_____	_____

I fully understand that NGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release NGA staff to render temporary first aid to my child, children or self in the event of any injury or illness, and if deemed necessary by NGA staff to call our doctor and to seek medical help, including transportation by a NGA staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said participant should NGA staff deem this to be necessary.

We, the staff of NGA recognize our obligation to make our participants and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, and cheerleading. Participants may suffer injuries; minor, serious, or catastrophic in nature or even death in rare cases. Gymnastics, tumbling, cheerleading, can be dangerous and can lead to injury! Parents should make their children/self aware of the possibility of injury and encourage their children/self to follow all the safety rules and the coaches' instructions. NGA, its coaches and other staff members, will not accept responsibility for injuries sustained by any participant during the course of gymnastics, tumbling or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child, children or self participate in the programs offered by NGA. I, my executors or other representatives wave and release all rights and claims for damages that I or my child, children or self may have against NGA and its representatives whether paid or volunteer. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. NGA will only warn the child through "Safety Messages" and our teaching style and progressions.

Parents or Guardian Signatures _____ **Date:** ____ / ____ / ____

Please provide us with any medical concerns _____



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