

Midwest Gymnastics & Cheerleading, Inc.

6500 Dublin Park Dr. Dublin, OH 43016

(614) 764-0775 Fax (614) 764-7344

Name: _____ **Age:** _____

Grade: _____ **School:** _____ **Gender:** _____

Address: _____ **Phone:** _____

Release Agreement for non-members

The Coaches/Instructors of Midwest Gymnastics & Cheerleading, Inc. (MGC) are very safety conscious and follow all appropriate safety procedures in accordance with the United States Gymnastics Federation (USAG). Motion in any sport, involves the potential risk of injury. The coaches/instructors of MGC will do everything possible to minimize that risk. However, in accepting this contract, you acknowledge the risk and agree to waive and release Midwest Gymnastics & Cheerleading, Inc. (MGC), its employees and officers of all responsibility for any injury sustained by your child in connection with the activity at MGC. Participants are expected to carry their own accident and/or medical insurance. In the event of an injury or illness, every effort will be made to contact the parents or Guardian. By signing this agreement I understand all of the above and acknowledge A). The risks involved in the sport, B). Physical injury may result in the participation of this activity, C). That each participant named below is physically capable of participating in the sport, and D) authorize MGC to administer any minor first aid needed.

Child's Name (print)

Parent Signature

Date

The purpose of this form is to avoid any possible delay in the treatment of any illness or injury to your child in the absence on a parent/guardian, while she/he is anticipating in any gym function. Without your consent and the necessary information about your child's insurance and medical history, a care provider cannot legally treat your child. Please complete every part of this consent form with the requested medical information.

Medical Information

Family doctor: _____ Phone#: () _____

Insurance carrier: _____ Policy#: _____ Member's name: _____

Medical History

Allergies, if any, include medications: _____

Existing medical problem(s) _____

Medication (s) currently taking: _____

In case of emergency, phone #'s: W- _____ H- _____ Cell- _____