



STUDENT INFORMATION FORM

Student(s) Name _____ Age _____ DOB _____

_____ Age _____ DOB _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone # _____

Father's Name _____ Work Phone # _____

Mother's Name _____ Work Phone # _____

Child's Physician Name _____ Phone # _____

Health status or allergies? Please explain. _____

Insurance Company Name _____ Policy # _____

Emergency Contact _____ Phone # _____
(Other than parent or guardian listed above)

Waiver of Liability

As a participant, or the parent or guardian of a participant, in the Parker School of Gymnastics, LLC (PSG) Gymnastics Program, I understand and acknowledge that there are many risks inherent in the sport of gymnastics, including paralysis and death. I understand and acknowledge that PSG and its staff will take precautions to prevent injury. Simple first aid will be administered to participants who incur minor injuries. Parents and Doctors will be called when necessary. I consent to have my child participate in the PSG Gymnastics Program and hereby authorize PSG to take any action necessary to treat minor injuries my child may sustain and to contact emergency personnel if necessary. I hereby assume all such risk of my child's participation in the PSG Gymnastics Program and hereby waive, release, absolve, and hold harmless PSG, its partners, shareholders, officers, employees and staff of any claim arising out of my child's participation in the PSG Gymnastics Program, and waive and release all rights and claims for damages against PSG, its partners, shareholders, officers, employees and staff.

I confirm that my child being registered is in good health as stated above or that any and all past injuries and special health information has been provided above. I acknowledge that I have received a copy of, and understand and agree to, the "Rules and Guidelines" of the PSG Gymnastics Program.

Parent / Guardian Signature _____ Date _____

For Office Use Only:

Class Day _____ Class Level _____ Time _____ RD _____

Class Day _____ Class Level _____ Time _____ RD _____