

Registration Form and Waiver

SoCal Gymnastics Training Center, 1740 La Costa Meadows Drive, Suite 501, San Marcos, CA 92078 Tel: (760) 633-3440

Personal Information

Child's Name First: _____ Last: _____

DOB: _____ Age: _____ School: _____

Address: _____ City/Zip: _____

Parent's Name First: _____ Last: _____

Phone Home: _____ Work: _____

Cell: _____ E-mail: _____

Emergency Contact (Non parent) _____ Phone: _____

Medical Consent and Release of Liability

I the undersigned parent/legal guardian of the above mentioned minor, hereby authorize the SoCal Gymnastics Training Center staff/volunteers into whose care the minor has been entrusted, to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis of treatment and hospital to be rendered to said minor under the general or special supervision and upon the advice of a physician and a surgeon licensed under the provisions of the Medical Practices Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis of treatment and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practices Act.

I hereby give my permission for my son/daughter to participate in SoCal Gymnastics Training Center Classes. I agree to comply with all the rules of safety established by SoCal Gymnastics Training Center, to use the facilities at my own risk, and acknowledge that SoCal Gymnastics Training Center assumes no responsibility for injury to anyone. I hold harmless SoCal Gymnastics Training Center, the management, and instructors, from all liability for any injury sustained during participation in the classes.

Also, unless otherwise stated, I agree to allow SoCal Gymnastics Training Center to participate in all youth activities and for photographs including the above named minor to be used for marketing purposes.

Physician/Hospital: _____ Phone: _____

Med. Insurance Co.: _____ Medical #: _____

Are there any allergies, medical conditions/history or special needs we should be aware of? _____

Does your child have any medical or physical limitation? (Please circle) YES / NO If yes, please explain _____

Is your child currently taking any prescribed medication? _____

Parent/Guardian's signature: _____ **Date:** _____