



Duluth Y Gymnastics Parent Permission

General Information

Gymnasts Name: _____ DOB: _____

Home address: _____ Gender: _____
Address City State Zip

Home Phone: _____

Parent/Guardian #1: Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian #2: Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Information

Name: _____ Relation to Gymnast _____ Phone Number: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____

Carrier Address _____

Name of insured _____ relationship to participant _____

Social security number of policy holder or insurance ID number _____

Medications

This person takes NO medications on a regular basis OR this person takes medications as follows

Med #1 _____ Dose _____ times taken _____

Reasons for taking _____

Med #2 _____ Dose _____ times taken _____

Reasons for taking _____

General Questions

Has/does the participant:

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Had any recent injury illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | Have a chronic or recurring condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had chest pains during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had joint problems (knees, shoulders)? | <input type="checkbox"/> | <input type="checkbox"/> | Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Had mononucleosis w/in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any "yes" answer. _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all gymnastics club activities except as noted.

Signed _____ Printed _____ Date _____

(OVER)

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the head coach to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the head coach to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for away meets.

Signature of parent/guardian _____ Date _____

**Duluth Area Family YMCA Gymnastics
Recreation Gymnastics
Waivers and Release Forms**

_____I fully understand that the Duluth Area Family YMCA (Duluth YMCA, YMCA, The Y) staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Duluth YMCA staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the YMCA staff to call a doctor and to seek medical help, including transportation by a YMCA 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 child should the Duluth YMCA staff deem this to be necessary.

_____The Duluth Area Family YMCA recognizes its obligation to make its students and their parents aware of the risks and hazards associated with the sport of gymnastics. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The Duluth area Family YMCA, it's coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance 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 participate in the programs offered by the Duluth Area Family YMCA. I, my executors or other representatives, waive and release all rights and claims for damages that I, or my child, may have against the YMCA and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for my child's protection.

I also understand that it is the parents' 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. The Duluth Area Family YMCA will only warn the child through "safety messages" and our teaching style and progressions.

_____The YMCA reserves the right to take photographs and/or video of adults and children participating in YMCA program or events; images may be used in YMCA promotional materials or as a training tool. If you do not wish to be included, please inform the photographer.

Child Name: _____ DOB: _____

Parent or Guardian Signature: _____ Date: _____