

**Student's Medical Information:**

Name: \_\_\_\_\_

Does the above named student take any medication?  
\_\_NO \_\_YES Name of medication, dosage and reason.

\_\_\_\_\_

Are there any allergies or health conditions we should be aware of ?  
\_\_NO \_\_YES Please describe: \_\_\_\_\_

\_\_\_\_\_

Does the above named student wear eyeglasses, contacts, hearing aids or dental appliances? \_\_NO \_\_YES Should they be worn during class and please describe: \_\_\_\_\_

\_\_\_\_\_

Does the above named student have any physical conditions we should be aware of? \_\_NO \_\_YES Please describe: \_\_\_\_\_

\_\_\_\_\_

**Please list all adults (other than parents) with permission to pick-up your child from class. We will not release a child to anyone not authorized by you to pick-up. We may ask for identification.**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone# \_\_\_\_\_

**Permission to Treat (optional)**

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident or sickness occur in my absence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability Waiver**

**FOR ANY STUDENT AND PARENT PARTICIPATING IN A GYMNASTIC ACTIVITY:**

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment, the risk cannot be eliminated. The risk of injuries include minor injuries, such as bruises, and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

Gymnastics, or any activity that involves motion, rotation, and height in a unique environment, carries with it a reasonable assumption of risk. Perpetual Motion Gymnastics is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Perpetual Motion gymnastics program (along with those legally responsible for the participant) must sign the notice on the application and must adhere to the safety rules governing the gymnasium. These rules are posted inside and outside the gymnasium, and a copy is sent with every confirmation letter.

In consideration for Perpetual Motion Gymnastics acceptance of the applicant, and in consideration of the applicant's opportunity to improve gymnastic skills through the use of the staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless the said school, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound, our signature is offered below.

**FOR ALL STUDENTS ENROLLED IN CLASSES**

I hereby grant to Perpetual Motion Gymnastics and/or its legal representatives and assigns, the irrevocable, absolute, and unrestricted right to use and publish the likeness, portraits, photographs, film or videos of my child, or in which my child may be included, for advertising purposes. I hereby release Perpetual Motion Gymnastics and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos.

**I understand and accept all enrollment conditions**

\_\_\_\_\_  
Parent or Guardian Signature Date