

SUMMIT ACADEMY OF GYMNASTICS
3407 Conestoga Drive, Fort Wayne, IN 46808, (260)482-2511, www.summitacademyofgymnastics.com
GYMNASTIC & TUMBLING REGISTRATION FORM SUMMER 2017

Child's Name _____ M/F _____ Age _____ Birthdate _____ Today's Date _____
 Address _____ City/State _____ Zip _____
 Parent's Names _____ E-Mail Address _____ Phone# _____
 Emergency Contact _____ Relationship to Child _____ Phone# _____
 Family Doctor _____ Phone# _____ After Hours# _____
 Place of Employment _____ Work Phone# _____ Cell Phone# _____

CLASS CHOICE	Please indicate which 4-week session(s)	Summer Fees-per 4 Week Session
1st Choice Day _____ Time _____ Level _____	_____ Summer #1 June 5 - June 30	<i>(Payment must accompany this form)</i> 30 min class - \$24.00; 45 min class - \$43.00; 1 hr. class - \$50.00; 1 1/2 hr. class - \$65.00; 2 hr. class - \$80.00
2nd Choice Day _____ Time _____ Level _____	_____ Summer #2 Julv 17 - August 11	
*First class choice will be honored unless you are notified.	NO REGISTRATION FEE FOR JUNE OR ***No classes July 3 thru July 14***	

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the sports of gymnastics, w restling and cheer tumbling, or the sport I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknow ledge that if I believe event conditions are unsafe, I w ill immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, w hich may be caused by my ow n actions, or inactions, those of others participating in the event, the conditions in w hich the event takes place, or the negligence of the "releasees" named below ; and that there may be other risks either not know n to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in

I hereby release, discharge, and covenant not to sue Summit Academy of Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, ow ners and lessors of premises on w hich the activity takes place, (each considered one of the "RELEASEES" herein) from liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in w hole or in part by the negligence of the "releasees" or otherw ise, including negligent rescue operations and future agree that if, despite this release, w aiver or liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I w ill indemnify, save, and hold harmless each of the Releasees from any loss liability, damage, or cost, w hich any may incur as the result of such claim.

By reading the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and signed it freely and w ithout any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allow ed by law and agree that if any portion of this agreement is held to be unvalid the balance, notw ithstanding, shall continue in full force and effect.

PARENTAL CONSENT

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and the capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in w hole or in part by the negligence of the Releasees or otherw ise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. WWe have read this carefully and understand it contains a release. WWe grant Summit Academy of Gymnastics the rights to use, reproduce and/or distribute photographs and / or video of myself or my child in their promotional materials.

Printed name of Parent/or Legal Guardian _____

Signature of Parent/or Legal Guardian _____ DATE: _____

For Office Use Only
Starting Date _____
Registration Fee _____
___ Health Form Completed
Health Concern _____
___ Recorded on Board _____
___ Manual Charge _____
___ Automatic Charge _____

Please fill out reverse side . Keep attached policies & schedule for future use. Thank you

Medical Survey for _____

- YES NO 1. Have you ever experienced a seizure or been informed that you might have epilepsy?
 YES NO 2. Have you had hepatitis during the past five years?
 YES NO 3. Have you been treated for infectious mono, virus pneumonia or another infectious disease during the past twelve months?
 YES NO 4. Have you ever been treated for diabetes?
 YES NO 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic or scarlet fever?
 YES NO 6. Have you ever been told that you have a heart murmur?
 YES NO 7. Have you ever been told that you have high blood pressure?
 YES NO 8. Have you had any illness requiring bed rest of one week or more during the past year? If so, give date and nature of illness?
 YES NO 9. Have you ever been told you are anemic?
 YES NO 10. Have you ever been told you had hemophilia or other bleeding disorders or currently have easy bruising or bleeding?
 YES NO 11. Do you wear eye glasses or contact lenses? (soft or hard) If so, explain.
 YES NO 12. If the answer to #11 is yes, do you wear them during athletic participation?
 YES NO 13. Do you wear any dental appliance? If yes, mark the appropriate appliance.
 ___permanent bridge ___permanent crown/jacket ___removable partial ___full plate
 YES NO 14. Have you ever been told that you have a hernia? If so, is it repaired? YES NO
 YES NO 15. Have you had any operations not listed in this questionnaire during the past two years? If yes, indicate anatomical site of the operation and date.
 YES NO 16. Have you had any additional illnesses or injuries during the past two years? If yes, indicate specific illnesses and dates.
 YES NO 17. Have you ever been advised by a medical doctor not to participate in the sports you are now contemplating participation in?
 YES NO 18. Are you currently on medications or drugs on a permanent or semi-permanent basis? If so, indicate name of drug and why it was prescribed.
 YES NO 19. Are you allergic to any general medication? (ex. Aspirin, sulfa, etc.)
 YES NO 20. Date of most recent tetanus immunization: _____
 YES NO 21. Do you use tobacco, drugs, or alcoholic beverages?
 YES NO 22. Give the name of doctor who gave you your last medical exam & appropriate date: _____
 YES NO 23. Have you been “knocked out” or experienced a concussion during the past three years? If yes, give dates of all and if hospitalized.
 YES NO 24. Have you ever had an injury to the neck involving nerves, vertebrae (bones), or vertebra discs, that incapacitated you for a week or longer? Give details.
 YES NO 25. Have you ever been treated for Osgood-Schlatter disease?
 YES NO 26. Have you ever been treated for osteomyelitis?
 YES NO 27. Have you had a fracture during the past two years? If yes, indicate the site of the fracture and date.
 YES NO 28. Have you had a shoulder dislocation, separation or other shoulder injury during the past two years that incapacitated you for a week or longer?
 YES NO 29. Have you ever been advised to have surgery to correct a shoulder condition? If yes, give details and date.
 YES NO 30. Have you experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give dates.
 YES NO 31. Have you ever had an injury to the back?
 YES NO 32. If yes to the above question, did you seek the advice of a medical doctor?
 YES NO 33. Do you ever experience pain in your back? If yes, indicate frequency with which you experience pain: ___very seldom ___occasionally ___during heavy lifting ___only when vigorously exercising ___frequently
 YES NO 34. Do you think your back is weak?
 YES NO 35. Have you experienced a sprain to either knee during the past two years with severe swelling accompanying the injury?
 YES NO 36. Have you ever been told that you injured the ligaments in either knee?
 YES NO 37. Have you ever been told that you injured the cartilage of either knee?
 YES NO 38. Have you ever been told that you have a “trick” knee

- YES NO 39. Have you ever been advised to have surgery to a knee to correct a condition? If so, give dates.
 YES NO 40. Have you ever had any foot problems before?
 YES NO 41. Have you had or do you have pain in your feet while walking, running or standing?
 YES NO 42. Do you have cramps in your legs after activities at night?
 YES NO 43. Do you have weak ankles and have you ever sprained your ankles?
 YES NO 44. Have you ever had surgery performed on your feet or had surgery recommended?
 YES NO 45. Do you have any special needs and/or physical/mental limitations we should know?
 YES NO 46. IS THERE ANY REASON YOU FEEL YOUR SON OR DAUGHTER SHOULD NOT PARTICIPATE IN THE ACTIVITY YOU ARE REGISTERED FOR?

Please use this area to fill in any information asked for in the previous questions.

All of the above questions have been answered completely and truthfully to the best of my/our knowledge. I/we have read and agree to abide by the rules and policies attached. Please detach and keep these for your records. Thank you.

SIGNED: _____ DATE _____
 (parent or guardian)

STUDENT: _____ DATE _____
 (if over 18 years of age)