



## RELEASE FORM 2017-2018

### Parent Information

Parent/s Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_ (we will not share this it is for in-house purpose only)

May we e-mail you gym information (schedules, announcements, etc?) YES \_\_\_ NO \_\_\_

How did you hear of us? \_\_\_\_\_

May we use pictures of your child (nameless of course) for advertising/promotions? Yes \_\_\_ NO \_\_\_

### Student Information (up to 3 kids per form, per family)

1. Students Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Students Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Students Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Information

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Does the student(s) have any medical conditions or taking any prescriptions to which we should be aware? \_\_\_\_\_

Is your child under continuous care of a physician \_\_\_\_\_ Explain \_\_\_\_\_

Current on all Vaccinations YES \_\_\_ NO we waived vaccinations \_\_\_\_\_

(Signature)

Current Medical Carrier \_\_\_\_\_

### Acknowledgement of Risk and Waiver of Liability

As legal guardian of \_\_\_\_\_ (list all children), I here by consent to the aforementioned person Participating in Oakland Gymnastics Training Center, and/or associated programs or events. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including, gymnastics, tumbling and trampoline activities. That said, I agree to make my children or child aware of the possibility of injury and encourage my children or child to follow all the safety rules and the coaches instructions. I fully understand that Oakland's staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Oakland's staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to call a physician and to seek medical help, including transportation by a Oakland staff member or its representatives, whether paid or volunteer, to any health care facility or hospital. I understand that it is the express intent of Oakland to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Oakland, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Oakland. 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 and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury. I also understand that safe, professional instruction often includes hands-on spotting to my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out the back also.**

# OAKLAND GYMNASTICS

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

\_\_\_\_\_  
STUDENT-ATHLETE NAME PRINTED

\_\_\_\_\_  
STUDENT-ATHLETE NAME SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN NAME PRINTED

\_\_\_\_\_  
PARENT OR GUARDIAN NAME SIGNED

\_\_\_\_\_  
DATE



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