



OAKLAND GYMNASTICS RELEASE FORM 2009-2010



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? _____

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 _____