

# AIR FORCE GYMNASTICS ACADEMY, LLC

## GYMNAST INFORMATION

- 1.) Gymnast Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F (circle)  
2.) Gymnast Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F (circle)  
3.) Gymnast Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F (circle)

## PARENT(S)/GUARDIAN INFORMATION and EMERGENCY CONTACT

Parent(s)/Guardian Name: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Father's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
If Parent(s)/Guardian cannot be reached, contact:  
Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

## MEDICAL HEALTH INFORMATION

**If registering more than one child, be specific to which child your responses pertain.**

My child(ren) has/have the following medical concerns:

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_  
Preferred emergency medical facility in Green Bay: (circle one)  
Aurora BayCare: 288-8000 Bellin Health: 433-3500 St Mary's Hospital: 498-4200 St. Vincent Hospital: 433-0111  
Other: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONSENT FOR TREATMENT OF A MINOR INJURY and ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I, the undersigned, as the parent(s)/guardian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, give my permission to Air Force Gymnastics Academy, LLC to act on my behalf to contact an available medical provider and hereby authorize the physicians and their associates of an appropriate medical facility to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child(ren). I fully understand that in the case an ambulance is required; my insurance company will cover the cost.  
I also fully understand that gymnastics activities may be dangerous and my son/daughter will be exposed to risk of injury. I hereby, give my permission in the program and activities of Air Force Gymnastics Academy, LLC and release the club and instructors from any liabilities resulting from participation.

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OTHER

From time to time our participants are photographed in action. My child(ren) may be photographed.  
yes no

### MEMBERSHIP FEE

**\$40.00** Gymnast Annual Membership Fee: \$ \_\_\_\_\_ Received by/date: \_\_\_\_\_