

# 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; I am responsible for the cost.

I also fully understand that gymnastics and bounce house 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 \_\_\_\_\_,

Please read information on the reverse side of this page pertaining to concussion information and safety. Please sign below to confirm that you have read and understand the information.

I have read and understand what a concussion is and how it may be caused. I understand the common signs, symptoms, and behaviors of a possible concussion. I understand how to help prevent a concussion and I agree to remove my child from practice if a concussion is suspected.

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

# Concussion Information Form

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Wisconsin state law (WI act 172) requires all youth athletic organizations to educate coaches, athletes and parents, on the risks of concussions and head injuries. Once a year, a concussion information sheet must be distributed to parents and coaches and a form must be signed for each family.

The following information describes the signs and symptoms of a concussion. Please read and sign below to indicate your understanding.

## **How do I recognize a concussion?**

Remember, “When in doubt, hold them out”. To recognize a concussion watch for the following things: a forceful blow to the head of body that results in head movement and any change in the athlete’s behavior, judgment or physical functioning.

### **Signs observed by parents:**

Appear dazed or stunned  
Confusion about assignment or position  
Forgets instruction  
Is unsure of game or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness (even briefly)  
Demonstrates behavior or personality changes  
Can’t recall events prior to and/or after hit/fall

### **Symptoms reported by athlete:**

Headache or “ pressure”  
Nausea or vomiting  
Balance or dizziness  
Double or blurry vision  
Sensitivity to light or noise  
Sluggish, hazy, foggy, or groggy feelings  
Concentration or memory problems  
Confusion

## **How do I help prevent concussions?**

Every sport is different, but ensure that your child follows the coach’s rules for safety and of the sport. Encourage your child to practice good sportsmanship and respect at all times. Also, speak to your child about concussions.

## **What do I do if I suspect a concussion?**

Seek medical attention right away. A health care provider will help decide how serious the injury is and when it is safe to return to sports. Keep your child out of play until a healthy care provider has granted permission to return. Concussions take time to heal. Finally, be sure to tell your child’s coach about and recent concussion. Coaches need to know if your child has had a recent concussion in any sport.