

# Registration/Waiver

PART 1

Participant's Name \_\_\_\_\_  M  F      Who can assume responsibility for you or your child in an emergency?  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Participant's Name \_\_\_\_\_  M  F      Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_      Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Allergies and medications: \_\_\_\_\_      Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

>>> *Please fill in the following if participant is a minor*

Person responsible for account \_\_\_\_\_ School child attends \_\_\_\_\_ Grade \_\_\_\_\_  
 Drivers License # \_\_\_\_\_  
 Mother \_\_\_\_\_ Cell ph. \_\_\_\_\_      Father \_\_\_\_\_ Cell ph. \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_      Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_  
 Mother's email address \_\_\_\_\_      Father's email address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_      Mailing Address \_\_\_\_\_

PART 2

Home Address \_\_\_\_\_      Home Address \_\_\_\_\_  
 Employer \_\_\_\_\_      Employer \_\_\_\_\_  
 Person(s) authorized to take your child from AGA:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_      Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_      Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_      Name \_\_\_\_\_ Phone \_\_\_\_\_

**WARNING:** Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. You assume a risk of serious injury in the use of this equipment, but risk can be significantly reduced by always following the rules. All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries and parents or doctors will be called when necessary.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT:** In consideration of being allowed to enter into the Anchorage Gymnastics Association (AGA) or participate in any party and/or program at AGA, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified above, acknowledges, appreciates and agrees to the following conditions: 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 acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known 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 the Activity.

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

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue full force and effect.

**RULES AND POLICIES** I have read and understand all of the rules pertaining to the gymnastics gym/climbing wall and agree to follow each of them. If I fail to comply with any rule(s), I understand that it is immediate grounds for removal of the facility and that I do it at the risk of my safety and the safety of others around me.

**CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE:** Signing this form authorizes AGA to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for me or my child. In the event that I cannot be contacted immediately, it is understood that a conscientious effort will be made to locate me or my child's other parent or legal guardian. I fully understand that gymnastics is a high risk sport, with a potential for bodily injury. I am responsible for medical bills incurred by me or my child while participating in this program. I understand that AGA carries the appropriate insurance coverage for licensing and operation. I understand my obligation to keep the AGA informed of my current address and phone number(s). I will assume the cost of necessary medical or surgical care.

**SAFETY AND TRANSPORTATION:** I, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified above understand that AGA may transport the above named in an emergency to receive medical care and to and from activities sponsored by AGA and I will assume the cost of activity and transportation. I am responsible for any injury my child sustains during any activity sponsored by AGA, and I am aware that this contract constitutes a release, which shall protect AGA, its sponsors, and all employees thereof. I further consent to emergency treatment by a physician in the event of an injury or illness while participating in an event. I hereby waive any liability to AGA for any complications arising out of such treatment. I understand all aspects of this contract.

**FINANCIAL RESPONSIBILITY:** All payments are due at the time of registration. Unpaid accounts are sent to a collection agency if not paid in full by the end of each session and you will be responsible for additional collection fees. A \$30 service charge will be charged on all NSF Checks. Cash refunds are not given.

**MARKETING RELEASE:** I understand that my child's likeness may be used in AGA ads, promotional videos, website material, or various other marketing. These images will be used for AGA purposes only, and will not be sold or given to outside companies or individuals.

**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 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 whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further 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.

X \_\_\_\_\_  
 Signature of Parent/Guardian/Participant      Date





# EMERGENCY RECORD CARD



## CHILD'S INFORMATION

<b>Last Name:</b>	Date of Birth:
<b>First Name:</b>	First Day in Care:
Siblings enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Custody Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

## NAMES OF PARENT(S) OR LEGAL GUARDIAN(S) CONTACT INFORMATION

<b>Name:</b>	<b>Relationship:</b>	<b>Name:</b>	<b>Relationship:</b>
Place of Employment / Other:		Place of Employment / Other:	
Phone:		Phone:	
Physical Home Address:		Physical Home Address:	
Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:	Cell Phone: <input type="checkbox"/> ok to send text msg.	Home Phone:
E-mail Address:		E-mail Address:	

## PERSONS AUTHORIZED TO PICK-UP CHILD – Emergency / Routine

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times. Individuals cannot be under the age of 16.

Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine

**\*\*Signature of Parent or Legal Guardian and periodic updates required on bottom of this form\*\***

## MEDICAL INFORMATION and RELEASE FOR MEDICAL CARE

<b>Child's Name:</b>	<b>Child Care Facility:</b> Anchorage Gymnastics Association
----------------------	--

My child has **NO** ongoing health concerns, including allergies or ongoing medications

- OR -

My child has the following chronic health concerns:  allergies (list all):

Asthma  Diabetes  Seizures or epilepsy  Other (list):

My child takes the following ongoing medications:

## PREFERRED MEDICAL FACILITY INFORMATION

Physician's Name: \_\_\_\_\_ Physician's Phone (recommended): \_\_\_\_\_

Preferred Hospital:  Providence  Regional  ANMC  JBER  Other:

I, the parent or legal guardian of \_\_\_\_\_, am verifying that this medical information is correct and complete. I hereby give the above named facility permission to seek emergency medical treatment, including necessary emergency paramedic transport for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care and any related medical transportation costs.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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

*Information on this Emergency Record Card must be Reviewed and Updated Semi-annually*

Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial