

Parents Night Out Registration Form

Child's

Name: _____ Age: _____ Sex: _____ Birthdate: _____

Parents

Names: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone #1: _____ #2: _____

Emergency Name & # (in case parents cannot be reached)

Allergies/Medical Concerns: (please list any food allergies):

Please circle the dates your child will be attending:

9/18 10/16 11/20 12/18 1/15 2/18 3/19 4/16 5/14

I fully understand that FLGA Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the FLGA Inc. staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the FLGA Inc. staff to call our doctor and to seek medical help, including transportation by a FLGA Inc. staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the FLGA Inc. staff deem this to be necessary.

We, the staff of FLGA Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

FLGA Inc., its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling or cheerleading instruction, open workouts or Parents Night Out or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by FLGA Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against FLGA Inc. and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I have read and also understand FLGA Inc.'s registration information and policies.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. FLGA Inc. will only warn the child through "safety messages" and our teaching style and progressions.

Parent's Signature _____ Date _____