

# Bailie's Gymnastics Registration Form

Gymnast's Name: \_\_\_\_\_ Gymnast's Birthdate: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ **How Did You Hear About Us?** \_\_\_\_\_

**For News, Updates, and Specials, please join our e-mail list! e-mail:** \_\_\_\_\_

If we are unable to reach you and there is an emergency, please list the name and number of the person you would like us to contact: \_\_\_\_\_

If someone else besides the gymnast's parent/guardian will be providing payment, please fill out below:

Bill To Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Permission to Participate and Acceptance of Bailie's Gymnastics Policies:

By signing this form I agree to provide payment for any and all fees incurred for services rendered by Bailie's Gymnastics. I understand that tuition is based on enrollment, not attendance in the class, and that monthly fees are due by the Priority Enrollment Date for each session to ensure my child's continued enrollment in the class. I understand that make-up lessons are offered on a space-available basis and are not guaranteed. I realize that if I do not pay for my student's class(es) by the Priority Enrollment Date that my student will be unenrolled for the next session unless prior arrangements have been made in the office.

Because gymnastics involves speed, inversion of the body (going upside-down) and flight, there is always the possibility of injury. Some pieces of equipment are raised off the ground, which presents the risk of falling off, and mats and other obstacles result in an uneven surface in the gym. Due to these inherent risks, we are warning you that injuries do occur at times from participation in this sport. Parents are responsible for warning their child(ren) of the risks and potential for injury involved in participating in gymnastics. Parents should encourage their child(ren) to follow all safety rules at the gym.

I realize that Bailie's Staff Members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Bailie's Staff to render any first aid deemed necessary to my child(ren) in the event of any injury or illness, including transportation to a medical facility or the calling of an ambulance.

I, despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly and willingly assume all such risks for myself and on behalf of my minor child. Consequently, I hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches, instructors, and other members of Bailie's Gymnastics from personal injury or accident of any sort or nature suffered by me and/or my minor child, the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of Bailie's Gymnastics. I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition 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 releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Bailie's Gymnastics Medical Form

## Disease and Illness

- YES NO 1. Have you ever experienced an epileptic seizure or been diagnosed with epilepsy?  
YES NO 2. Have you ever been treated for diabetes?  
YES NO 3. Have you ever been treated for high blood pressure or a heart murmur?  
YES NO 4. Have you ever been diagnosed as anemic?  
YES NO 5. Have you ever been diagnosed as having hemophilia or other bleeding disorders?  
YES NO 6. Have you ever tested positive for HIV or AIDS?

## Eyes and Dental

- YES NO 7. Do you wear glasses or contact lenses? If so, indicate which: \_\_\_\_\_  
YES NO 8. If answer to #7 is yes, do you wear them during athletics?  
YES NO 9. Do you have poor vision that is NOT corrected by a type of corrective lens?  
YES NO 10. Do you wear a dental appliance? If so, please indicate which type:  
Permanent Bridge, Crown or Jacket/Removable Partial/Full Plate/Other: \_\_\_\_\_

## General

- YES NO 11. Have you ever been diagnosed with a hernia? If so, it is repaired? \_\_\_\_\_  
YES NO 12. Have you had any operations in the past two years? If so, indicate anatomical site and date(s) of operation(s): \_\_\_\_\_  
YES NO 13. Are you on any prescribed medications or drugs? If so, indicate name of drug and whether or not it needs to be distributed to your child at the gym: \_\_\_\_\_  
YES NO 14. Are you allergic to any general medication? If so, indicate name: \_\_\_\_\_

## Head and Neck Injuries

- YES NO 15. Have you been "knocked out" or experienced a concussion during the past three years? If so, indicate dates and whether or not you required hospitalization: \_\_\_\_\_  
YES NO 16. Have you ever had an injury to the neck involving nerves, vertebrae (bones) or discs that incapacitated you for a week or longer? If so, indicate dates: \_\_\_\_\_

## Bone and Joint

- YES NO 17. Have you ever had a fracture, dislocation, or separation during the past two years? If so, indicate date and site of injury: \_\_\_\_\_  
YES NO 18. Have you ever damaged ligaments, tendons, or cartilage of either knee? If so, indicate which knee and diagnosis: \_\_\_\_\_  
YES NO 19. Do you have weak ankles and/or have you ever severely sprained either ankle? If so, indicate which ankle and diagnosis: \_\_\_\_\_

## Other

- YES NO 20. Do you have asthma? If so, is medication needed? If medication is needed, indicate name of medication, dosage, and whether you will have the necessary medication with you at the gym: \_\_\_\_\_  
YES NO 21. Do you have any hearing problems? If yes, please explain: \_\_\_\_\_  
YES NO 22. Parent/Guardian: Are you aware of any other reason why your child should not participate in gymnastics?: \_\_\_\_\_

Name and Phone of Family Physician in Case of an Emergency: \_\_\_\_\_

Please include an attachment of any special instructions or situations that we might need to know about to help your child get the most out of his/her gymnastics class.