

Medical Information Form for Gymnastics

****Please Print Legibly****

Participant's Name _____ Age _____ Sex _____ Today's Date _____

Home Address _____ City _____ Zip _____

Cell Phone _____ E-mail address _____

Mother or Guardian's Name _____ Home Phone _____

Occupation _____ Business Phone _____

Father or Guardian's Name _____ Home Phone _____

Occupation _____ Business Phone _____

Physical Disabilities (Specify injured body parts or weakness-leave blank if no problems)

Bones _____
Joints _____
Muscles _____
Organs _____
Weight _____
Sight _____
Hearing _____
Dental _____
Other _____

Psychological Disabilities (Specify anxieties, fears, hyperactivity, hypersensitivity, or other)

Chronic Ailments (leave blank if no problem)

Asthma or other respiratory problem _____
Diabetes _____
Circulatory or Heart problem _____
Epilepsy _____
Hemophilia or bleeding problem _____

Allergies (leave blank if no problem)

Insect Bites _____
Tetanus Shots _____
Penicillin _____
Sulfa drugs _____
other _____

Preferred family physician _____ Phone _____

Approximate date your child was last examined by a physician _____

Is there any reason you feel your son or daughter should not participate in gymnastics? Please circle: YES or NO If you circled yes, please explain why you do not feel that he/she should participate: _____

I certify that _____ has had an official medical examination within the past year and is physically fit and able to participate in this gymnastics program. I am also aware that any activities 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 and have communicated to my child with respect to this risk. In addition, I/we expressly understand and agree to indemnify and save the Williamsburg Gymnastics program and its directors, instructors, and independent contractors harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries, and deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractors. I/we further understand that use of facilities is made at the sole risk of the applicant, and that the Williamsburg Gymnastics program make any representations, expressed or implied as to the suitability or fitness of such facilities as shall be set forth in writing.

Signature of Parent or Guardian _____ Date _____

If for any reason your child needs medical attention, we will try to contact you immediately. If we cannot get in touch with you and you would like for us to take your child to the emergency room at the Sentara Williamsburg Hospital, please sign the following consent: I hereby give permission for my child to be medically treated for injuries or illness during his/her participation in the Williamsburg Gymnastics Program.

Signature of Parent or Guardian _____ Date _____