



Central Vermont Gymnastics Academy, LLC.
81 Demeritt Place
Waterbury, VT 05676

Students Name: _____ sex _____ age ____ dob ____/____/____

Address _____ phone _____

Parent Name: _____ work ph # _____ cell # _____

Parent Name: _____ work ph # _____ cell # _____

Home ph# _____ E-mail Adress _____

Emergency contact name & ph _____

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INSURANCE CO. _____ **POLICY #** _____

SUBSCRIBER _____ **RELATIONSHIP TO STUDENT** _____

In consideration of Central Vermont Gymnastics Academy (CVGA, LLC) Allowing _____ (Participant name) to participate in any sports activity, class, competition, team, including non-gymnastics activities such as swimming and outdoor activities (hereinafter referred to as the "Activity"). I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians.

I authorize CVGA, LLC., its managers, members and employees, to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. The parent or guardian's phone number is as follows _____

Please provide the following information regarding the participant:

Participant's Primary Care Physician (PCP): _____

PCP Address: _____

PCP Phone: _____

Participant's Medications: _____

Participant's Allergies: _____

I HAVE READ AND UNDERSTAND THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

GYMNAST

DATE

SIGNATURE OF PARENT/ GUARDIAN

DATE

PARENT/GUARDIAN WAIVER AND RELEASE: I fully understand that Central Vermont Gymnastics Academy, LLC and its employees are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize and release Central Vermont Gymnastics Academy, LLC, its managers, members and employees to render first aid to my child in the event of any injury or illness, and if deemed necessary by Central Vermont Gymnastics Academy, LLC employees or staff, to seek additional medical help and/or call an ambulance. I am aware that my son/daughter will be engaging in physical exercise **AT THEIR OWN RISK**, which may involve activities that could cause serious injury to them. I agree that my child is voluntarily participating in these activities and we assume and accept personal responsibility for all costs and damages following any injury, including total disability, paralysis and even death that might result. I hereby agree to waive any claims or rights against Central Vermont Gymnastics Academy, LLC, its managers, members and employees for any liability, loss, costs, damage, medical expenses, long-term care, emotional distress or compensation that might incur as a result of my child's participation in these activities.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THE UNDERSIGNED GIVES UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HEREBY SIGNS IT VOLUNTARILY.

Parent/Guardian Signature _____ Date _____

USE OF IMAGES/ NAME IDENTIFICATION: The undersigned authorizes Central Vermont Gymnastics Academy to use images of the students/parents, both with and without identification, for Central Vermont Gymnastics Academy publicity, promotional and advertising purposes.

(Signature of parent/guardian)

MEDICAL/ DEVELOPMENTAL: It is important that Central Vermont Gymnastics Academy be made aware of any medical or developmental situation that our students may have. Please advise us if your child has a medical problem that requires a doctor's care, or a developmental problem that is currently being treated. Specific examples include hearing loss, heart problems, asthma, diabetes, autism, LD, ADD, ADHD, scoliosis, arthritis, epilepsy, etc. **Please write any pertinent information below.** If your child has any physical condition that may impair his/her ability to engage in activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program.
