



<u>Office Use Only</u>
Assessment date: _____
F.T.C date: _____
Registration date: _____
Entered in Proschool by: _____

REGISTRATION AND INFORMED CONSENT FORM

PARENT or GUARDIAN INFORMATION:

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: () _____ - _____ Cell: () _____ - _____	Home Phone: () _____ - _____ Cell: () _____ - _____
Work: () _____ - _____ Emergency: () _____ - _____	Work: () _____ - _____ Emergency: () _____ - _____
Email Address: _____	Email Address: _____
How did you hear about Golden State Gymnastics? _____	

At the time of sign up how would you like to receive your statements? Paper or Email

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Male / Female

Birthdate: ____ / ____ / ____ Age: _____ Grade: _____ School: _____

Previous Gymnastics Experience: _____

Years Where

IN CASE OF EMERGENCY PLEASE NOTIFY (if parents cannot be reached):

Name: _____ Phone () _____ - _____ Phone () _____ - _____

Name: _____ Phone () _____ - _____ Phone () _____ - _____

EMERGENCY CONTACT INFORMATION:

Personal Physician _____ Phone () _____ - _____

Insurance Company _____ Policy # _____

Covenant Not To Sue For Injury Or Damages

Notice: This is a legally binding agreement. By signing this agreement, you waive your right to bring a court action to recover compensation or to obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the facilities of Golden State Gymnastics, now or in the future.

I hereby acknowledge and agree that the sport of gymnastics and use of the accompanying equipment has INHERENT RISKS. I have full knowledge of the nature and extent of all of the risks inherent in gymnastics and the use of the facilities of the GYM, including but not limited to:

1. All manner of injury resulting from falling off of the gymnastics equipment, climbing ropes, trampolines, or any other area of the facility;
2. Cuts and abrasions resulting from skin contact on various surfaces and equipment;
3. Failure of any equipment or part of the equipment;
4. Injuries occasioned by the other users of the GYM;

- 5. Injuries resulting from landing on the landing surfaces; and
- 6. Injuries to bones, joints, tendons or death.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the GYM and that above list in no way limits the extent or reach of this release and covenant not to sue. In consideration of my use of the GYM I agree not to claim or to sue for any injury or damages resulting from risks inherent in the gymnastics and physical activity that I will pursue in the GYM including but not limited to the risks that have been outlined above.

Release, Indemnification, Liquidation Damages and Agreement To Arbitrate

In consideration of my use of the GYM, I the undersigned user, agree to release on behalf of myself, my heirs, representatives, successors, executors, administrators and assigns, and HERBY DO RELEASE Golden State Gymnastics, Inc. a California not-for-profit corporation, its officers, agents and employees from any cause of action, claims or demands of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, successors, executors, administrators and assigns may now have, or have in the future against the GYM on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the GYM whether that use is supervised or unsupervised, however the injury or damage is caused, including but not limited to, the NEGLIGENCE of Golden State Gymnastics, Inc., its officers, agents or employees.

In consideration of my use of the GYM, I the undersigned user, agree to INDEMNIFY and HOLD HARMLESS Golden State Gymnastics, Inc., its officers, agents and employees from any and all causes of actions, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to my use of the GYM. I hereby certify the following:

- 1. That I have full knowledge of the nature and extent of the risks inherent in the use of the GYM and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the GYM and that by this agreement, I am relieving Golden State Gymnastics, Inc. of any liability for such loss, damage or death.
- 2. That I am in good health and that I have no physical limitations which would preclude my safe use of the facilities and equipment of the GYM.
- 3. That I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable personally paying for any and all such expenses or liability.
- 4. Should it become necessary for the GYM to incur attorney's fees and costs to enforce this agreement, or any portion thereof, I agree to pay all reasonable costs and attorney's fees thereby expended, or for which liability is incurred.

Notwithstanding all of the foregoing, I agree for myself, my heirs, representatives, successors, executors, assigns, and administrators that in the event that I seek damages or compensation for the negligence of the GYM or any of its officers, agents or employees, that, as my only remedy, I will submit my claim to legally binding arbitration. I understand that I will be bound by the decision of the court appointed arbitrator. I further understand that the GYM will be bound by the decision of the court appointed arbitrator. I further understand that, in the event of an arbitration hearing, the GYM and I will be able to make oral presentations, call witnesses and be represented by legal counsel. I understand that if I am dissatisfied with the result of the arbitration hearing I may not pursue any other remedy against the GYM, legal or otherwise. I understand that the arbitrator's decision will be admissible in any subsequent proceeding concerning the dispute. This dispute settlement would take the place of any state or federal legal remedies

*** I, the undersigned, recognize the dangers inherent with climbing and jumping activities. I am assuming the hazard of this risk upon myself because I wish to participate. I realize that I am subject to injury from this activity and that no form of pre-planning can remove all of the danger to which I am exposing myself.

Students Signature _____ Date _____

If participant is under 18 years of age, the signature of a Parent or Guardian is required

Parent or Guardian Signature _____ Date _____

HEALTH HISTORY

(All parts of this form must be filled out by the parent, guardian, or adult student. DO NOT LEAVE ANY BLANKS.)

Is the student's Tetanus Shot up to date? Yes NO

Please check the appropriate box if the student has a history of any of the following:

<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> Rheumatic fever	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> Hay fever	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> Measles
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Convulsions or seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ivy poisoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Mumps
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Insect stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Asthma
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Abnormal behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chicken pox	<input type="radio"/> Other (specify below)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/> Any Allergies? To what? _____					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Wear contacts						

Does the student have an adverse reaction to: NO YES

Penicillin

Any other drug: _____

Please describe any physical or mental impairment: _____ (Please specify)

Operations or serious injuries: _____ (Date)

Chronic or recurring illnesses: _____ (Date)

Other diseases or details of above: _____ (Date)

Currently on any medication? If yes, what: _____

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

I/We, the undersigned parent(s) or guardian(s) of (Student name) _____, a minor, do hereby authorize Golden State Gymnastics as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and/or medical staff of St. Joseph Medical Center or closest emergency center whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis. Treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 258 of the Civil Code of California. This authorization shall remain effective until the student's membership terminates unless sooner revoked in writing to said agent.

X _____ Date: _____
Parent or Guardian Signature