

Participant Registration Form

Before participation in any activity, this form must be signed by at least one of the student's parents or legal guardians if the participant is not yet 18 years old.

Participant Name: _____ Male / Female

Age: _____ Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Legal Guardian(s)' Name: _____

Caregiver(s)' Name (if relevant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Emergency: _____

E-Mail Address: _____

Are there any medical conditions of which we should be aware? Circle one: Yes / No

If yes, explain: _____

Has the student participant (and, if applicable, any adult participant(s)) had a physical examination in the last three years? Circle one: Yes / No

(DUMBO Gymnastics recommends that every student complete an annual physical examination.)

Student's Physician Name: _____ Phone _____

Student's Dentist Name: _____ Phone _____

Student's Medical Insurance Carrier/Policy #: _____

Student's Medications: _____

Student's Allergies: _____

Student's Significant Medical History: _____

Adult Participant's Physician Name: _____ Phone _____

Adult Participant's Dentist Name: _____ Phone _____

Adult Participant's Medical Insurance Carrier/Policy #: _____

Adult Participant's Medications: _____

Adult Participant's Allergies: _____

Adult Participant's Significant Medical History: _____

May we use the photo of the student participant (and, if applicable, the adult participant) on our website or in advertisements? Circle one: Yes / No

Gymnast Signature Date

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian

LIABILITY RELEASE AND INDEMNIFICATION

By the very nature of sports, gymnastics and other activities available at DUMBO Gymnastics carry a risk of physical injury. No matter how careful the participant(s) and the coach are, no matter how many spotters are used, no matter what height is used or what landing equipment utilized, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Sports, gymnastics, or any activity that involves motion, rotation and height in a unique environment, carries with it a reasonable assumption of risk.

Anyone participating in DUMBO Gymnastics programs must sign the notice on the application, and adhere to the safety rules posted in the facility and/or articulated by the staff.

In consideration for DUMBO Gymnastics' acceptance of the enrolling student, and in consideration of the enrolling student's opportunity to improve skills through the use of DUMBO Gymnastics staff, equipment and facilities, those legally responsible for the named enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless DUMBO Gymnastics LLC, its instructors, employees, owners or officers, and to indemnify them against loss, intending to be legally bound.

I certify that neither the enrolling student nor the adult participant (if applicable) has any condition that prohibits full participation in the activities at DUMBO Gymnastics. I assume all ordinary risks when using the facilities and hereby release DUMBO Gymnastics LLC, or any of its instructors, employees, owners or officers, for any injury or damage suffered in connection with said use of the aforementioned facility and its equipment. In case of emergency, if I cannot be reached, I authorize DUMBO Gymnastics, its agents and employees, to contact and secure necessary medical attention for the enrolling student and/or his or her adult participant, including by making use of my insurance policy. I understand that payment may be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent/Guardian: I affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the protection of myself and the student participant.

Adult Participant (if different): I affirm that I now have and will continue to have proper hospitalization, health, and accident insurance coverage which I consider adequate for the protection of myself as a participant.

I read, understand and accept all participant terms and conditions.

Signature of Enrolling Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Adult Participant (if different)

Date

Printed Name of Adult Participant

Physical Activity Readiness Questionnaire (PAR-Q)

DUMBO Gymnastics recommends that each student (with the assistance of his or her caregiver) and each adult participant (if applicable) complete this questionnaire prior to participation in activities at DUMBO Gymnastics. If any of the following questions are answered with a "YES," the student and/or adult participant should consult a physician prior to participating in activities at DUMBO Gymnastics.

Participant's Name: _____

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity? Yes No
 2. Do you have chest pain brought on by physical activity? Yes No
 3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No
 4. Has a doctor ever recommended medication for your blood pressure, heart condition, or other disorder that could influence your ability to perform gymnastics? Yes No
 5. Do you have a bone or joint problem that could be aggravated by gymnastics? Yes No
 6. Have you developed chest pain within the past month? Yes No
 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes No
- If so, please explain:
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8. Have you ever had a neck injury, head injury, or concussion? Yes No
9. Are you currently or recently recovering from a significant illness (e.g., flu, mononucleosis, pneumonia, etc.)? Yes No
10. Do you have a convulsive disorder? Yes No
11. Do you have uncontrolled asthma? Yes No
12. Do you have an infectious skin disorder? Yes No
13. Do you have a history of a liver disorder, spleen disorder, kidney disorder, or detached retina? Yes No

Signature of Enrolling Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Adult Participant (if different)

Date

Printed Name of Adult Participant