

Date registration fee paid _____
Welcome Packet Received (please initial) _____

Class(es) _____



Nassau gymNastics Student Information

Student's Name: _____
Student's Birth Date: *Month:* _____ *Day:* _____ *Year:* _____
School: _____ Grade: _____

Any **Allergies** or **Medical conditions:** Yes No
If yes, please explain: _____

Parent's information:

Mother's Name: _____
Home (Street) Address: _____
P. O. Box: _____ Home Phone: _____
Work Phone: _____ Fax Number: _____
Mobile/Pager Phone: _____ E-mail Address(es) _____

Father's Name: _____
Home (Street) Address: _____
P. O. Box: _____ Home Phone: _____
Work Phone: _____ Fax Number: _____
Mobile/Pager Phone: _____ E-mail Address(es) _____

Family Doctor: _____ Doctor's Phone: _____

Who to call if parent cannot be reached:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Fax Number: _____ Mobile/Pager Number: _____

Insurance Information:

Name of Insured Person: _____
Insurance Provider: _____
Policy Number: _____ Group Number: _____

PLEASE READ AND SIGN THE REVERSE SIDE

Use of promotional photos and videos:

I give permission to Nassau Nastics to use photos and video material of my child (ren) / ward(s) participating in gymnastics/dance/aerobics for promotional purposes.

Parent's/Guardian's Signature: _____ **Date:** _____

Nassau Nastics Gymnastics Club Waiver and Release Form

We, the staff of Nassau Nastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics. Participation in gymnastics involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction. The professional staff at Nassau Nastics will provide safety warnings and reinforce safety issues on an ongoing basis during instruction time.

Nassau Nastics Club, its coaches, executive members, and other staff members, whether paid or volunteer, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, competition, or clinic in which he or she may participate or while traveling to and from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children/ward or wards, participate in the programmes offered by Nassau Nastics. I waive and release all rights and claims for damages that I or my child or children/ward or wards may have against the Nassau Nastics Gymnastics Club and or its representatives whether paid or volunteer.

I also affirm that I will assume the responsibility for payment of any medical expenses, which may result from a gymnastic related injury.

I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury in a way that he/she feels is appropriate.

I have read and understand the important information regarding the rules governing gymnasts' activities and fee payments and agree to abide by these Nassau Nastics' Policies.

Parent's/Guardian's Signature: _____ **Date:** _____

The staff at Nassau Nastics will make every attempt to contact parents/guardians in the event of an emergency regarding their child. I fully understand that Nassau Nastics staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release Nassau Nastics staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Nassau Nastics staff to seek medical help, including transportation by a Nassau Nastics staff member or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Nassau Nastics staff deem it necessary.

Parent's/Guardian's Signature: _____ **Date:** _____

Which hospital would you like your child taken to in case of accident or emergency: _____ **Doctors'** _____ **PMH**

Parent Volunteer Commitment

Please read the Information, Rules & Policies for details. Parent participation is vital to the continuation of Nassau gymNastics

I agree to assist the Club in one or more of the following:

(Please indicate with an "X" in the appropriate area):

- ____ Volunteer time to help during a club event
- ____ Donate food or other needed item for a club event
- ____ Offer transportation to move equipment for a local display
- ____ Assist with scholarship drive in the community
- ____ Assist with fundraising efforts in the community
- ____ Provide a financial donation in lieu of other forms of assistance
- ____ Other (please specify) _____

How did you hear about Nassau Nastics?

Newspaper/Radio Word of Mouth Display Gymfest Other (please specify) _____

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