

DENALI GYMNASTICS & FITNESS INC. 2007-2008 STUDENT REGISTRATION/EMERGENCY CARD

Student's Name _____	Male or Female _____	Birthdate _____
Mother's Name _____	Father's Name _____	
Home Phone _____	Work Phone _____	Home Phone _____
Cell Phone _____	E-Mail _____	Cell Phone _____
Mailing Address _____	City _____	Zip Code _____
Physical Address _____	City _____	Zip Code _____
Work Location _____	Work Location _____	
Student's Medical Provider _____	Phone _____	
Emergency Contact (Person Who Can Take Responsibility for Student if Parent Cannot be Reached in an Emergency): _____		
_____	Phone _____	Cell Phone _____
Medication or Medical Treatment Required by Student: _____		

Allergies (Including Drugs & Foods): _____		
Any Problems we should be aware of: _____		
Signature of Parent or Guardian _____	Date _____	
Updated _____		

Warning: Any activity 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. You assume a risk of serious injury in the use of this equipment, but this risk can be significantly reduced by always following the rules.

Release: All precautions will be taken to prevent accidents. Simple first aid will be administered for minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child participate in programs offered by Denali Gymnastics & Fitness Inc. It is hereby agreed that I, my child(ren), adopted or otherwise, my heirs and executors, waive and release all rights and claims for damages that they may have at any time against the center, its representatives, whether paid or volunteer, for injury or damages in connection with the gymnastics program or other activities related to Denali Gymnastics and Fitness Inc. The risks involved in respect to such a program are fully understood.

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes Denali Gymnastics & Fitness Inc. to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical or surgical care for _____, if I cannot be contacted immediately. I understand that a conscientious effort will be made to locate me or my child's other parent or guardian before any action is taken. I understand that my obligation to my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care including emergency transportation.

Signature of Witness

Signature of Parent or Guardian

Date

Date