

MAIL TO:
Frog Bridge Gymnastics
699 Main Street
Willimantic, CT 06226

**2009-10 EMERGENCY MEDICAL INFORMATION
AND RELEASE FORM**

Student _____ Age _____ Birth Date _____ Gender(M/F) School _____
Class Level _____ Day _____ Time _____ Starting Date _____
Student _____ Age _____ Birth Date _____ Gender(M/F) School _____
Class Level _____ Day _____ Time _____ Starting Date _____
Student _____ Age _____ Birth Date _____ Gender(M/F) School _____
Class Level _____ Day _____ Time _____ Starting Date _____

NEW STUDENTS: HOW DID YOU FIND OUT ABOUT OUR PROGRAM? _____

Parent(1) _____ Home Phone _____ Cell _____ Work _____
Parent(2) _____ Home Phone _____ Cell _____ Work _____
Street Address _____ Town _____ Zip Code _____
E-mail _____

In an emergency where the parent/guardian cannot be reached, please contact the following:

Emergency Contact (1) _____ Phone _____ Relation _____
Emergency Contact (2) _____ Phone _____ Relation _____

HEALTH INFORMATION

In order to help us with the instruction of your child, please indicate any physical, emotional or social impairment or challenges which your child may have such as:

Allergies (please provide details) _____ Asthma _____
Heart Ailment _____ Arthritis _____ Diabetes _____ Epilepsy/Fainting Spells _____
Nose Bleeds _____ Fear of Heights _____ Broken Bones (if so which) _____
Hyperactivity _____ Learning Challenges _____
Other _____
Please list any medications your child is taking _____
Please list any other health info we should know _____
Family Physician _____ Phone _____
Medical Insurance Company _____ Phone _____
Policy Holders Name _____ Policy Number _____

This authorization for medical treatment must be completed before any student begins participation in any class at Frog Bridge Gymnastics, LLC, treatment for injury will be based on information provided herein.

In the consideration of the permission granted to above named participant to enroll as a student in Frog Bridge Gymnastics, LLC (hereon referred to as FBG) classes and/or any other function or event sponsored by FBG or held on or off gym property, I hereby release and hold harmless, FBG it's employees, instructors, agents, directors, and officers, including owners and tenants of Will-Hurl, LLC from any and all claims, demands, liability, harm, injury or damage which may result to myself or my child or ward while enrolled as a student of FBG and including all risks connected therewith. I fully understand that the above named participant assumes all the risks in connection with enrolling and participating in the activities of FBG. I understand that any activity that involves motion, rotation, height or inversion may cause serious accidental injury, including paralysis or even death. I further certify that the above named participant has undergone a complete physical examination within the last ___ months and that such participant is not suffering from any physical condition or disease, which might increase their risk of injury or accident by participating in the activities of the FBG. I hereby give consent for FBG to provide through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's or my wards, participation in the FBG programs. **I give permission for my child's picture to be taken for news releases or advertisement, including the FBG website. I also give permission for my child's name to be published in newspapers and/ or press releases.** YES/ NO

I have read this release and understand all it's terms.

Signed _____ Date _____
Parent or Legal Guardian of participant

PAYMENT CONTRACT: I understand that I am committing to an entire session of gymnastics beginning on _____ date, and that I will be responsible for letting the office know at least 3 weeks in advance of the next session if I plan to DISCONTINUE. Otherwise I will automatically hold my space in the next session and will be responsible for all payments.

Signed _____ Date _____
Parent or Legal Guardian of participant

