

San Diego Rhythms

Medical Release, Waiver, and Emergency Information Form

Gymnast's/Dancer's First Name: _____ Last Name: _____
Date of Birth: _____ School Name: _____ Grade _____
Parent's/Guardian's Name _____
Street Address: _____ City/State/Zip _____
Phone # (H) _____ Phone # (W) _____
Email: _____
Physician's Name _____ Phone # _____
Dentist's Name _____ Phone # _____
Medical Insurance _____
In Case of Emergency contact _____ Phone # _____
Special Medical Concerns: _____

I, the parent/legal guardian of the above named student, recognize that at some time during the course of gymnastics and dance instruction, in order to achieve proper body placement and correct training exercises, the assigned instructor to my child may inadvertently touch his/her person in an impersonal manner while performing a "spot". A "spot" is the traditional way to correct body alignment and maintain safety in the sport of gymnastics and dance and is recognized as gym policy.

I, the parent/legal guardian of the above named student have inspected the Bounce California facilities and equipment and accept them as being safe and reasonably suited for the purposes intended

I, the parent/legal guardian of the above named student hereby waive, release, and discharge any and all claims for damages, death, personal injury, illness, or property damage which I or my child may have as a result of his/her participation in gymnastics and dance. This release is intended to release San Diego Rhythms, its owners, directors, and any of its instructors, employees, and/or volunteers and the Bounce California, and all its staff and directors from any and all liability for personal injury to me or my child as the result of any negligence arising out of or connected in any way with my child's participation in any class, program, competition, camp, or other event organized, run and/or sponsored or attended by San Diego Rhythms. I further understand that accidents and injuries can arise out of gymnastics and dance, and that Rhythmic Gymnastics requires the use of apparatus, which may cause or contribute to personal injuries to me or my child. Knowing the risks, nevertheless, I voluntarily agree that my son/daughter may participate in San Diego Rhythms program and to assume those risks and indemnify and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I understand that in my absence San Diego Rhythms does not assume any responsibility for the care, custody, control condition, health or well being of my child. Should injury or illness necessitate the need for my child to receive medical care and the below signed parent/legal guardian cannot be reached San Diego Rhythms, its instructors or agents and the Bounce California have permission to contact the above listed physicians for instructions. In the event the physician cannot be reached or it is deemed a medical emergency, the below signed parent/legal guardian gives permission for the City of San Diego 911 system, or the 911 system in the area in which a San Diego Rhythms outside event is taking place to be utilized. Any medical care provided, or emergency transportation costs are the sole responsibility of the parent/legal guardian. This medical release is in effect for all San Diego Rhythms work outs, camps, exhibitions, performances and competitions at any location San Diego Rhythms is instructing, performing or competing.

Parent/guardian Signature _____ Date _____

I give permission to San Diego Rhythms to publish my child's name and picture in the newsletter, flyers, on the board, on the club's web site, and use it for any other publicity or professional purposes.

Parent/guardian Signature _____ Date _____