



2014 IDAHO JO CLUB of the YEAR

Mountain West Gymnastic Information Document
60 North Cole Road, Boise ID 83704

REGISTRATION/EMERGENCY FORM - (Recreation-Team)
2014/15

Gymnast Name #1: _____ Date of Birth: _____ M or F

Gymnast Name #2: _____ Date of Birth: _____ M or F

Gymnast Name #3: _____ Date of Birth: _____ M or F

Father's Name: _____ Father's Date of Birth: _____

Mother's Name: _____ Mother's Date of Birth: _____

Home Address: _____

City, State, Zip _____

Home Phone: _____

Primary Emergency Number: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

E-mail Address: _____

USA?: _____

Medical Insurance Company: (Primary) _____

(Secondary) _____

Plan/Group Number: (Primary) _____

(Secondary) _____

Primary Insured Name: _____

Secondary Insured Name: _____

Father's Place of Employment: _____

Phone: _____

Mother's Place of Employment: _____

Phone: _____

Allergies: _____

Doctor: _____

Phone: _____

Hospital Preference: _____



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Emergency Contact (if parents are unavailable)

Name: _____

Phone: _____

Relationship: _____

Please state any medical conditions or concerns that Mountain West or emergency personnel should be aware of:

I hereby authorize Mountain West Gymnastics, to seek emergency medical treatment for my son/daughter if I cannot be reached. This release does not include non-emergency or elective surgery.

Parent/Guardian Signature: _____

Date: _____

2014/15
Gymnast's Name: _____

LAST NAME _____

In consideration of the agreement of Mountain West Gymnastics Inc., (hereafter MWG) to accept the above named child (hereafter referred to as participant) as a participant in MWG activities, the parent or legal guardian of said participant hereby state that they, he/she, understands that any activity involving height, speed, motion and flipping contain the possibility of accidental injury, and that he/she voluntarily assumes the risk of such injury.

Further, I am aware and fully understand that gymnastics is a vigorous sporting activity and poses a risk of injury. I understand that gymnastics and other related activities always and inherently involve certain risk, including but not limited to: death, serious neck and spinal cord injuries resulting in complete or partial paralysis, brain damage and or serious injury to virtually all bones, joints, muscles and internal organs of the body. It is also understood that landing mats, pits and other safety equipment including the active participation of a safety spotter MAY be inadequate to prevent injury. In other words, the risk of harm may be limited by the safety equipment and coach participation, BUT NEVER ELIMINATED. I am voluntarily allowing participation in this activity with the knowledge of the risks involved and hereby agree to accept any and all risks of personal injury, property damage and even death.

In consideration of this participation in MWG activities, I hereby release MWG Inc., its Board of Directors and Officers, the employees of MWG from any and all future claims resulting from injury to participant at any MWG activity. I affirm that I am of legal age, or the parent/legal guardian of the minor child listed above and that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am releasing MWG of all future claims that may arise due to injury during participation in any MWG event or activity.

On occasion, newspapers, T.V. stations, etc. will visit MWG, often taking photos or videos of our team or recreational children. Signing this release includes your permission for us to use you or your child's likeness in promotion and/or advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such photos or videos.

This waiver/agreement, having been read through and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian

Signature: _____

Gymnast Signature (if 18 years or older): _____

Witness: _____

Date: ____/____/____