

# Gymnastics Program

## Registration Form

(must be filled out before child participation)

**Child #1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Please list any medical conditions and/or medications: \_\_\_\_\_

**Child #2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Please list any medical conditions and/or medications: \_\_\_\_\_

**Child #3** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Please list any medical conditions and/or medications: \_\_\_\_\_

**Parent/ Guardian #1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/ Guardian #2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If Parents/Guardians (above) are not available in the event of an emergency, notify:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

**Staff Use Only** Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE:** The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by Gymnastics staff. **No one under the age of 16 will be allowed to pick up your children.** Name(s) can be added to, or taken off of this list with your authorization only. **(If restraining orders are in place please speak to the Recreation Supervisor immediately!)**

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**All children at Gymnastics must be picked up by a parent, guardian, or authorized adult and cannot walk home.**

**Medical Information**

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

**YES / NO**      **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

Will your child require medications while participating in a City of Green River Park & Recreation Department Activity?

**YES / NO**      **If yes, please fill out the Medication Authorization form.**

**Doctors Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentists Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby give my consent and certify that \_\_\_\_\_ is in normal health and capable of participating in the Green River Gymnastics Program. I understand that participation in the Gymnastics Program involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur. I agree that pictures taken during the program hours may be used for current and future promotional purposes

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)