



601 Professional Drive
Northfield, MN 55057-0414
(507) 663-7772
northfieldgymnastics@gmail.com

NGC Waiver/Registration
2017/18

Please fill out the registration form below. Forms should be carefully filled out and returned to the office immediately!

Name _____ Birthdate _____

Parent Name _____ Hm Phone _____ Cell Phone _____

Parent Name _____ Hm Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

E-Mail _____

1. Are you currently taking any medication? Please list all

2. Are you allergic to any foods, medications or other substances? Please list

3. Please list any medical conditions NGC should be aware of.

Waiver and Release Form

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

In consideration of Northfield Gymnastics Club (NGC) accepting myself or my child to participation and/ or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility of all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gym, field trip, or any other activities connected with Northfield Gymnastics Club. I give my permission to NGC and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc...) measures as judged necessary for the care and protection of myself or my child while under the supervision of NGC. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached. Further, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participation or for permitting my child to participate in activities at NGC.

Consent to photograph and Media Release: I understand that my child's photograph or video may be taken during the course of class instruction during a special event at Northfield Gymnastics Club or at a function sanctioned by NGC. I hereby grant permission to promotional publications. (e.g. website, NGC facebook page, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Participant Signature _____ **Date** _____
If participant is 18 years or older

Parent/Guardian Signature _____ **Date** _____
If participant is under 18 years of age