

Northfield Gymnastics Club
Waiver/Registration
2020

PLEASE PRINT! Fill out the registration form below. Forms should be carefully filled out and returned to the office immediately!

Students Name **LAST:** _____ **FIRST:** _____ Birthdate _____
Parent Name _____ Home Phone _____ Cell Phone _____
Parent Name _____ Home Phone _____ Cell Phone _____

If child has a child care provider during NGC hours, YOU MUST provide the information below.

Name _____ Phone _____
Emergency Contact _____ Phone _____
Address _____ City _____ Zip _____
E-Mail _____

1. Are you currently taking any medication or 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, CAMP 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.

By signing this waiver, I am confirming that I have read, understood and will abide by the **Covid Guidelines** posted at NGC.

I hereby release and hold harmless NGC, sponsors, coaches, students, volunteers, officers, officials, directors, employees, advertisers, representatives and agents of any of the above with respect to any and all illness, disability, death, loss or damage to person or property, whether arising from negligence of releasees or otherwise to the fullest extent permitted by law.

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

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