

NORTHWEST KANSAS GYMNASTICS ACADEMY MEMBERSHIP

MUST PROVIDE COPY OF HEALTH INSURANCE CARD BEFORE PARTICIPATING

PARENT'S NAME: FATHER _____ MOTHER _____

PHONE NUMBER'S HOME: _____ HOME: _____

WORK: _____ WORK: _____

CELL: _____ CELL: _____

EMERGENCY CONTACT NAMES & PHONE: _____

ADDRESS WHERE CHILD RESIDES: _____

E-MAIL ADDRESS WHERE CHILD RESIDES: _____

	<u>NAMES OF CHILD(REN)</u>	<u>BIRTHDAY</u>	<u>AGE</u>	<u>SEX</u>	<u>GRADE IN SCHOOL</u>	<u>PRE-EXISTING CONDITIONS (I.E. ALLERGIES, ASTHMA, OR CHRONIC ILLNESS)</u>
1.						
2.						
3.						
4.						

FAMILY PHYSICIAN NAME & PHONE: _____

- ❖ My child(ren) and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child(ren) are known and understood by me. I will not hold NKGa coaches, assistants, board members; or USD 294 Schools, or other locations; liable for any injuries. I have read and fully understand NKGa rules, policies, and by-laws.

PARENT OR GUARDIAN SIGNATURE: _____

- ❖ I hereby give my permission for (names of children) _____ to participate in the Northwest Kansas Gymnastics Academy program. Furthermore, I authorize NKGa personnel to provide emergency treatment of an injury or illness of my child if needed. A parent or guardian will be notified as soon as possible if an injury occurs or treatment is given. I authorize NKGa to call qualified medical personnel if the injury is serious & to authorize treatment of said injury if needed. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____

_____ Check here if interested in your gymnast participating in the competitive team class. I'm aware that this will require traveling to meets, purchasing a team leo, paying meet/coach fees in a timely manner & participating in team fundraisers.

_____ Initial here if you give permission to use photos of your child for advertising purposes on brochures, newspapers and facebook.

RETURN TO: NKGa Inc, PO Box 203, Oberlin, KS 67749