

Print, complete, sign and return 1 Medical Form per Gymnast to your Coach

YMCA Name: _____ State: _____ Coach's Name: _____

Gymnast: _____
Last Name First Name Birthdate (MM/DD/YYYY) Age on 6/24/09

Address: _____
Street City State Zip Code

In Case of Emergency:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Parent/Spouse Attending? _____ Yes _____ No

Attending Parent's / Spouse's Name: _____

PHYSICAL HANDICAPS (specify missing or injured body parts, weaknesses, etc.)

_____ Bones and Joints _____ Muscles _____ Organs _____ Weight Problem Other: _____

CHRONIC AILMENTS

_____ Asthma or other respiratory problems _____ Circulatory/heart _____ Diabetes or hypoglycemia _____ Epilepsy
_____ Hemophilia/bleeding problems Other: _____

PSYCHOLOGICAL CONCERNS (i.e. anxieties, fears, hyperactivity, hypersensitivity, etc.)

ALLERGIES

_____ Penicillin _____ Insect Bites _____ Tetanus shots Other, if significant: _____

MEDICAL INSURANCE INFORMATION

Company _____ Policy # _____ Group # _____ Phone: _____

Family Physician _____

IN CASE OF EMERGENCY, and I cannot be reached, I hereby give permission to the physician selected by my child's coach to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent/Guardian Signature: _____ **Date:** _____

LIABILITY WAIVER: I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify and hold harmless the YMCA of the USA, the organizing YMCA, sponsors, supervisors, volunteers, officials, their agents, representatives or assigns, for any injury to my child, any loss due to theft of or attributable to the absence of ordinary or even slight care by the event organizers and conduct of this event. The signature below attests to this. For entrants under 18 years of age, parent or legal guardian must sign.

Parent/Guardian Signature Relationship Date