

Cheer Factory Gymnastics Kiddy Camp Participation & MEDICAL RELEASE FORM

(Please Print **CLEARLY!!!**)

Participant's Name _____ Session 1: 8am-12pm or Session 2: 1pm-5pm _____
Circle ***one*** T-shirt size _____

Participant's Age (on 6/11) _____ Participant's grade in the fall _____ Parent/Guardian's Cell Phone # _____

Name of Parent or Guardian _____ Emergency/Home Phone # _____

Participant's Address _____ City _____ GA Zip Code _____

Medical Insurance Company _____ Insurance Member ID # _____ Insurance Group # _____

_____ No Medical Insurance (MUST complete Medical Insurance Waiver Form on June 11th)

Parent or Guardian's Address (if different) _____ Parent Email Address (print!) _____

City _____ State _____ Zip Code _____

Please list below any medication to which participant is allergic, any previous medical conditions, which could impair his/her, performance, and/or any medication(s) currently being taken.

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, whose name is _____, and hereinafter shall be referred to as "participant," to participate in the CHEER FACTORY gymnastics classes. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Coaches/ Instructors and its representatives harmless in the exercise of this authority.
_____ (Please initial).

II. I further acknowledge and understand and agree that in taking part in this class there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such injury by participating.
_____ (Please initial).

III. I further agree to hold harmless JONES COUNTY HIGH SCHOOL., including its, gymnastic instructors, coaches, and staff, the administrators of the classes, and the facility in which the classes are being conducted for any injury or illness incurred by participant prior too, during the course of the classes, and after.
_____ (Please initial).

Appearance/Social Media Clause:

Permission is granted to use my daughter's/son's picture or image in future advertisements or literature for the JCHS CHEER FACTORY GYMNASTICS program.

I have read and agree to the above release and appearance clause.

Date

Signature of Parent or Guardian