

GYMNASTIC & CFL REGISTRATION

PARTICIPANT'S NAME _____
 DAY OF CLASS _____ TIME OF CLASS: _____ (HIGH-LIGHT CLASS BELOW)

PARENT TOT	PROGRESSIVES LEVEL #1	CFL HIP HOP
PRESCHOOL #1	PROGRESSIVES LEVEL #1 ADV	CFL JR. HIP HOP
PRESCHOOL #2	PROGRESSIVES LEVEL #2	CFL VARSITY CHEER
PRESCHOOL #3	PROGRESSIVES LEVEL #2 ADV	CFL JR. CHEER
BOYS	PROGRESSIVES LEVEL #3	CFL ADULT HIPHOP
TEAM	PROGRESSIVES LEVEL #3 ADV	
JUNIOR TEAM	OPEN GYM	

AGE _____ SEX _____ BIRTHDATE ____ / ____ / ____

PARENT/GUARDIAN(S) NAME _____

ADDRESS _____

CITY _____ ZIP: _____ PHONE _____

EMERGENCY CONTACT (IF PARENTS/GUARDIAN IS UNAVAILABLE):

NAME _____ PHONE _____ RELATIONSHIP _____

If reasonable attempts were made to contact me by phone, or at the alternate phone listed, I hereby give my consent for:

1. The administration of any treatment deemed necessary by preferred Physician Dr. _____ Phone: _____
 by preferred Dentist Dr: _____ Phone: _____ in the event the designated preferred practitioners
 are not available, I (we) give consent for the use of another licensed physician or dentist.

2. The transfer of the child to preferred hospital or clinic _____, or any hospital readily accessible.
 This authorization does not cover major surgery, unless the medical options of another licensed physician or dentist is
 obtained before the surgery is performed.

List information we need to be aware of concerning the child's medical history (including allergies, medications being
 taken, or physical impairments: _____

Date: _____ Parents Signature _____

Refusal of Consent – do not complete if you completed above:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical
 treatment, I wish the Orrville /Dalton YMCA to take no action, or
 to: _____

Date: _____ Parents signature _____

AGREEMENT

I hereby certify that my child is in normal health & capable of safe participation in the youth sports program. I assume all
 risk(s) & hazards incidental to the conduct of this program & for the transportation to and from the program. I understand
 that participation in the above involves certain inherent risks and regardless of the precautions taken by the sponsors or the
 participants, some injuries may occur. The likelihood of such injuries may be lessened by adhering to the safety rules. I
 further certify that my child's present level of physical condition is consistent with the demands of active participation in
 the program named above. I do further release, absolve, indemnify, and hold harmless the Orrville/Dalton YMCA, the
 organizers, sponsors, supervisors, volunteers and officials, any and all of them for the program above in the event of injury
 to my son/daughter. I am voluntarily requesting permission for my son/daughter to participate in the program.

I do _____ I do not _____ give my permission to the Orrville/Dalton YMCA to use photographs and films of my child for
 publicity or promotional purposes.

Parent/Guardian Signature _____ Date _____