

## EMERGENCY INFORMATION

All information will be kept confidential and is needed in order to ensure the health and safety of our class members. Please provide any necessary updates to the office as needed. Should you need to privately discuss an issue with an instructor please call the office at 245-0561 to schedule a time.

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be contacted via email? Yes or No

Can your son/daughter be in pictures on the website or in advertisements? Yes or No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who to call if parents cannot be reached in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Injuries or chronic ailments the Cumberland Gymnastics staff should be aware of:

\_\_\_\_\_

Any other problem areas or anything we should know (fears, ADHD, etc...):

\_\_\_\_\_

Are there any medications your child is NOT permitted to be given in an emergency (Tylenol, Ibuprofen etc)? \_\_\_\_\_

I hereby authorize the staff at Cumberland Gymnastics, Inc. to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive any and all claims for personal injury that I may have against Cumberland Gymnastics, Inc. and its directors, officers, agents, employees, representatives, and any volunteers in any way associated with Cumberland Gymnastics, Inc. I understand that participation in gymnastics and tumbling carry with them the risk of injury. All medical expenses incurred will be the responsibility of the student or the student's family.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_