

Off Limits Gymnastics and Cheer, LLC
315 Green Ridge Drive Suite F1-G1
New Castle, Pa 16105
724-657-1444

General Information

Student's Name: _____
Last First M.I.

Birth date: _____ Age: _____ Sex: (M) (F)

Address: _____
Street City State Zip

Mother's name: _____ Phone: _____

Cell: _____

Father's name: _____ Phone: _____

Cell: _____

Mother's employer: _____ Phone: _____

Father's employer: _____ Phone: _____

Email Address: _____

Emergency Medical Treatment Statement

I, the parent of _____, understand that my signature on this form gives my consent to the staff or those representing Off Limits Gymnastics and Cheer, LLC to transport my child (and/or ward) to a hospital or call 911 for an ambulance so that emergency care can be given. I also give permission to administer emergency care.

Parent/Guardian name: _____ Signature: _____

Emergency contacts in the event a parent/guardian cannot be reach:

Name/Relationship: _____ Phone: _____

Cell: _____

Name/Relationship: _____ Phone: _____

Cell: _____

Doctor's name: _____ Phone: _____

Medical Insurance Company: _____ Policy # _____

Does the student have any allergies? _____

Does the student have any medical conditions we should be aware of? (Yes) (No)

If yes please explain: _____

Are there any restrictions? _____

Any previous injury the staff should be aware of? _____

USA Gymnastics Minor Consent and Assumption of Risk

In consideration of membership in the USA Gymnastics, hereafter referred to as the "USAG", and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USAG and/or member club activity or event and regularly thereafter, that he or she should inspect the facility and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. The participant shall be instructed to and shall carefully review and follow all USAG safety guidelines.
3. I/We fully understand and will instruct the minor participant that:
 - A. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis, and death.
 - B. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
 - C. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
 - D. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of the USAG, its members clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premise used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/We agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs.

Upon signing I am acknowledging I have read and agree to the above waiver:

Parent/Guardian Signature

Relationship

Date