

EMERGENCY CONTACT CARD

NAME: _____ **AGE:** _____

CLASS LEVEL: _____ **EMAIL ADDRESS:** _____

HOME PHONE: _____ **PAGER:** _____

CELLULAR PHONE: _____

HOME ADDRESS: _____
Street

_____ *City/State* *Zip Code*

PARENT/GUARDIAN NAME: _____

EMERGENCY CONTACT:

Name

Address

Phone Number

EMERGENCY CONTACT INFORMATION:

NAME OF DOCTOR

HOSPITAL/CLINIC PREFERENCE

INSURANCE COVERAGE

GROUP NUMBER

RELEASE

In consideration of the Lakeville Gymnastics Booster Club Program accepting my child into participating and training in gymnastics, which activity I hereby acknowledge involves greater than normal risks of injury, I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child or my child's family in connection with participation in gymnastics classes, programs, lessons or meets.

Gymnastics is a unique activity involving motion, rotation, and height and as such carries with it the risk of injury. **Warning** – catastrophic injury, paralysis or even death can result from improper conduct of gymnastics activities.

I give permission to Lakeville Gymnastics and/or the appropriate medical facility to take whatever emergency (i.e., first aid, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the Lakeville Gymnastics Program.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, etc.) deem it necessary. The child will be transported at my expense.

It is also understood that in some medical situations the coaching staff will need to contact the local emergency resources before the parent/guardian, child's physician and/or other adult acting on the parent's behalf.

Further, I hereby release and agree to hold harmless and indemnify the Lakeville Gymnastics Booster Club employees and volunteers from any claims, losses or expenses incurred by or on behalf of me, my child or my child's family.

Gymnast's Signature

Date

Parent/Guardian Signature

Date