



Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara - Gymnastics Birthday Party - Open Gym - Private Lesson Non-Member Participant Event Form

Today's Date ___/___/___

PARTICIPANT INFORMATION:

Participant's Name (First, Middle, Last): _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____ Email: _____

PARENT/GUARDIAN INFORMATION (if under 18 years of age):

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

PERSONS AUTHORIZED TO PICK UP PARTICIPANT / EMERGENCY CONTACTS (Other than parents):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HEALTH HISTORY:

Participant is Subject to:

- Colds YES NO
- Sore Throat YES NO
- Fainting Spells YES NO
- Muscle Sprains/Strains YES NO
- Bronchitis YES NO
- Convulsions/Epilepsy YES NO
- Cramps YES NO
- Allergies YES NO

Participant Has or Has Had:

- Heart Trouble YES NO
- Asthma YES NO
- Lung Trouble YES NO
- Broken Bones YES NO
- Sinus Trouble YES NO
- Hernia (Rupture) YES NO
- Appendicitis YES NO
- Surgery of any Kind YES NO

Is the participant currently under any type of medical treatment? YES NO

Please Explain "YES" answers:

Please list all medications the participant is presently taking:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Times Taken</u>	<u>Prescribing Doctor</u>
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Please list any allergies, dietary restrictions, and/or drug reactions:

Please list any physical disabilities that may limit your child's activities at Girls Inc. (eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.):

Girls Inc. of Greater Santa Barbara Release of Liability & Waiver of Liability

Participant's Name (First, Last): _____ Date of Birth: ___/___/___ Age: _____

Participant/Parent/Guardian: Please read the following Release / Waiver of Liability fully and be certain you understand it before signing below.

Assumption of full responsibility for all risks of bodily injury, death, or damages: As participant, parent or legal guardian of _____ (participant name), I hereby consent to my/his/her participation in the programs offered by Girls Inc. of Greater Santa Barbara ("GIGSB"). I understand that participation in activities at GIGSB may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death. _____ (initial)

Girls Inc. of Greater Santa Barbara Gymnastics Only: Various factors and causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by GIGSB Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities. _____ (initial)

Notification: In case of injury or any situation that would require medical attention during or by reason of a GIGSB program or excursion, it is understood that a conscientious effort will be made to notify the child's parent or guardian before medical attention or other necessary action is taken. If it is impossible to locate a parent or guardian, the expense of this service will be accepted by the child's parent or guardian on record. In the event that such medical treatment is necessary, I agree to release GIGSB from any liability in connection with such medical treatment. _____ (initial)

Waiver of Liability: In consideration for allowing myself and/or child to participate in activities offered by GIGSB. I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by GIGSB. I hereby release GIGSB and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future. _____ (initial)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older. _____ (initial)

Participant Signature: _____

Participant Printed Name: _____

Date: _____

Parent Signature is required if Participant is under 18 years of age.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____