

Fuzion Gymnastics and Youth Fitness Center

Consent of Participation

Participants Name: _____ Participant Cell Phone: _____

Participant E-mail Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ M _____ F _____ Date of Birth: _____

Mother's Name _____ Cell Phone: _____

E-mail Address: _____

Father's Name _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact (Other than parent): _____ Relationship: _____

Phone: _____ Cell Phone: _____

Medical Insurance Co.: _____ Policy #: _____

Physician: _____ Phone: _____

List any Allergies: _____

AUTHORIZATION: I hereby waive any and all claims for personal injury, illnesses and/or property damage that I may have against Fuzion Gymnastics and Youth Fitness Center, and its directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with Fuzion Gymnastics and Youth Fitness Center. I understand that participation in gymnastics, cheer, tumbling, trampoline, acro, and all other activities involved in motion, rotation, and height in a unique environment and as such carries with it the risk of injury. I have medical insurance for my child (ren). I give permission for my child to participate in sport activities (EX. Gymnastics, Cheer, Dance, martial arts and like sports). I realize that there is risk of injury involved in sports participation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery for my child as named above. I understand I am responsible for the medical care fees if my child should be injured at Fuzion Gymnastics and Youth Fitness Center, or during any Fuzion Gymnastics and Youth Fitness Center activity. I have read and understand the above and have completed information to the best of my ability.

X _____ Date: _____

* Signature parent/guardian or Applicant (if over 18yr):