## GEORGIA GYMNASTICS ACADEMY MEDICAL RELEASE FORM

Student's Name:	DOB:Age:
Home Phone:()	Cell Phone:()
Address:	
City:	State:Zip:
Mother's Name:	Father's Name:
	ormation so we may contact you quickly in the y: Who to call if parents cannot be reached:
Name/Relation:	Phone #:()
Child's Doctor's Name:	Phone #: ()
Medical Insurance Company:	Policy #
Any intolerance/allergy to drugs or	medications?
Please elaborate:	
Does the child have any medical con	ditions we should be aware of?
Please elaborate:	
GYMNASTICS ACADEMY, Inc.'s programs. I r death can occur in any activity involving height o performing and training on all gymnastics events I understand that is the express intent of GEORG protection of my child and, in consideration for al GYMNASTICS ACADEMY, INC., it's officers, e and injuries suffered by my child while under the ACADEMY, INC. I specifically appoint GEORGIA GYMNASTICS , to execute consent orders life of, or to prevent a c medical condition which may or may not deterior	, I hereby consent to the above person participating in the GEORGIA recognize that potentially severe injuries, including permanent paralysis or r motion, including gymnastics. I also realize that my child will be plus various other training devices including trampoline. GIA GYMNASTICS ACADEMY, INC. to provide for the safety and llowing my child to use these facilities, I hereby release GEORGIA employees, teachers, and coaches from all liability for any and all damages e instruction, supervision or control of GEORGIA GYMNASTICS
Parent or Legal Guardian's Signature:	Date: