

# 2019 Gymnastics Registration and Informed Consent



## PERSONAL INFORMATION

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: (YY/MM/DD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENT / GUARDIAN:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**PARENT / GUARDIAN:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

CARE CARD #: \_\_\_\_\_

CHILD'S MEDICAL DOCTOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**EMERGENCY CONTACT #1:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALT PHONE #: \_\_\_\_\_

**EMERGENCY CONTACT #2:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALT PHONE #: \_\_\_\_\_

## HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs? (Check appropriate boxes)

<input type="checkbox"/> Hearing	<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Speech	<input type="checkbox"/> Emotional/Psychological
<input type="checkbox"/> Visual	<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Intellectual (Mental)	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Physical	<input type="checkbox"/> Allergies	<input type="checkbox"/> Learning	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Medical or Health Conditions/Restrictions	<input type="checkbox"/> Other: _____	

Explain further what these considerations are? \_\_\_\_\_

How can our staff better meet your child's needs? \_\_\_\_\_

Has your child suffered from any previous injuries that the instructor needs to be aware of? \_\_\_\_\_

A staff member may contact you for further clarification.

**SEE OVER**

## EMERGENCIES

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).

Please sign the consent below so that we can take appropriate action on behalf of your child; this consent would go along with your child to the emergency center.

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of an accident or illness if I cannot immediately be reached.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

## PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

## GENERAL SAFETY RULES

- Get your coach's permission before getting on equipment
- Get your coach's permission before attempting new moves
- Get your coach's permission before leaving the class
- Please walk; don't run

### PARENTS

- Please keep your child at home to rest if they are coughing or sneezing
- Please wait outside the gym during classes to avoid distraction and to encourage more attention and focus

## INFORMED CONSENT

I, the parent/guardian of \_\_\_\_\_, consent to my child participating in the activities being offered through South Cowichan Recreation. I understand that my child will be participating in activities that may have a high risk, including the risk of physical injury, illness, loss of life, and property damage. Some of the activities may involve risks associated with physical contact, contact with physical structures, or may require a higher level of athleticism, skill and knowledge. I understand that my child will be participating in activities that may have a high risk and I agree to release and hold harmless the CVRD and South Cowichan Recreation, its employees, officers, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that my child may sustain while participating, including claims of negligence.

SIGNATURE OF PARENT/GUARDIAN:

DATE: