



Al Fong's Free Clinic 2012 | RSVP Registration Form

IMPORTANT: ACCEPTANCE TO THIS CAMP IS ON A FIRST COME-FIRST SERVE BASIS.

Gage

TO SECURE YOUR SPOT, PLEASE MAIL THIS FORM TO:

Center AL FONG'S FREE CLINIC, GAGE CENTER, PO Box 1087, BLUE SPRINGS, MO 64013-1087

GYMNAST NAME:

ADDRESS:

CITY/STATE/ZIP:

PARENT/GUARDIAN NAME:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

AGE:

LEVEL:

CLUB NAME:

CLUB PHONE:

COACH'S NAME:

COACH'S EMAIL:

CURRENT TOP SKILLS:

VAULT:

BARS:

BEAM:

FLOOR:

ACCOMPLISHMENTS:

HOW OFTEN DO YOU BOUNCE TRAMPOLINE?

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

AS LEGAL GUARDIAN OF _____, I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS ACTIVITIES INVOLVING HEIGHT OR MOTION, INCLUDING BUT NOT LIMITED TO GYMNASTICS, TUMBLING, TRAMPOLINE, DANCE, CHEERLEADING, AND SWIMMING. IN ADDITION, SWIMMING, OR ANY ACTIVITY IN OR AROUND WATER CAN RESULT IN DROWNING. BEING FULLY AWARE OF THESE DANGERS, I VOLUNTARILY CONSENT TO THE AFOREMENTIONED PERSON PARTICIPATING IN ANY AND ALL GAGE CENTER PROGRAMS AND ACTIVITIES AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THIS FACILITY, I ON MY OWN BEHALF AND BEHALF OF MY CHILD AND OUR RESPECTIVE HEIRS, ADMINISTRATORS, EXECUTORS, AND SUCCESSORS, HEREBY FOREVER RELEASE AND COVENANT NOT TO SUE GAGE CENTER., DIRECTORS, EMPLOYEES, VOLUNTEERS, AND ALL OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF GAGE CENTER.

IN THE EVENT OF AN EMERGENCY, I WOULD LIKE MY ABOVE MENTIONED CHILD TO BE TAKEN TO A HOSPITAL FOR MEDICAL TREATMENT AND I HOLD GAGE CENTER. AND ITS REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION. ADDITIONALLY, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED WHILE PARTICIPATING AT OR FOR GAGE CENTER.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

_____/_____/_____

PARENT/GUARDIAN SIGNATURE

Date

**GAGE CENTER | 1101 NW JEFFERSON | BLUE SPRINGS, MO 64015
T: 816.229.7775 | F: 816.366.3928 | E: INFO@GAGECENTER.COM | WWW.GAGECENTER.COM**

