



EVERGREEN GYMNASTICS

2572 Route 302
Lisbon, NH 03585

EMERGENCY MEDICAL INFORMATION AND RELEASE FORM 2010-2011 SEASON (Please read and complete BOTH sides of form)

Contact Information

Participant's Name _____ Birth Date _____
Gender (M/F) _____ Street Address _____ Mailing Address _____
Town _____ State _____ Zip code _____ Email Address _____
Parent/Legal Guardian (1) _____ Home Phone _____ Alt. Phone _____
Parent/Legal Guardian (2) _____ Home Phone _____ Alt. Phone _____

In an emergency where the parent/guardian cannot be reached, please contact the following:

Emergency Contact (1) _____ Phone _____ Relation _____
Emergency Contact (2) _____ Phone _____ Relation _____

Health Information

In order to help us in the instruction of your child, please indicate any physical, emotional, or social impairments or challenges which your child may have, such as:
Allergies (Please provide details) _____

Asthma _____ Heart Ailment _____ Arthritis _____ Diabetes _____
Epilepsy/Fainting Spells _____ Nose Bleeds _____ Fear Of Heights _____
Broken Bones (If so, which) _____ Hyperactivity _____
Learning Challenges _____ Other _____

Please list any medication your child is taking _____

Please list any other health info we should know _____

Family Physician _____ Phone _____

Medical Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

This authorization for medical treatment must be completed before any student begins participation in any class at Evergreen Gymnastics & Tennis, Inc. Treatment for injury will be based on information provided herein.

In consideration of the permission granted to the above named participant to enroll as a student in Evergreen Gymnastics classes and/or any other function or event sponsored by Evergreen Gymnastics, or held on gym property, I hereby release and hold harmless, Evergreen Gymnastics & Tennis Inc, its employees, instructors, agents, directors, and officers, including owners and tenants of Evergreen Sports Center, LLC, from any and all claims, demands, liability, harm, injury, or damage which may result to my child or ward while enrolled as a student of Evergreen Gymnastics, and including all risks connected therewith.

I fully understand that the above named participant assumes all the risks in connection with enrolling and participating in the activities of Evergreen Gymnastics. I understand that any activity that involves motion, rotation, height, or inversion may cause serious accidental injury, including paralysis or even death.

I further certify that the above named participant has undergone a complete physical examination within the last _____ months and that such participant is not suffering from any physical condition or disease, which might increase their risk of injury or accident by participating in the activities of Evergreen Gymnastics.

I hereby give consent for Evergreen Gymnastics, to provide, through a medical staff of its choice, customary medical / athletic-training attention, transportation and emergency medical services as warranted in the course of my, my child's, or my ward's participation in Evergreen's programs.

I have read this release and understand all its terms.

Signed _____

Participant (or Legal Guardian)

Date

***** PLEASE TURN OVER AND COMPLETE SIDE TWO OF THIS FORM *****

SIDE TWO of Registration Form

I hereby enroll _____ for _____
Participant's Name *Program Description*

At Evergreen Gymnastics, as of this Date: _____.

I agree to be responsible for payment of tuition for all programs reserved for enrollee up to the ending date of the season enrolled. I agree to pay for ALL classes reserved by me, whether utilized by enrollee or not. I understand that there are no refunds of registration or tuition fees paid.

I understand that tuition is payable in full NO LATER THAN the first class of each month. If payment is not received by the 15th of the month, a late fee of 10% will be assessed. If I am unable to pay the monthly amount within 30 days, I must speak to management and make formal payment arrangements to bring my account current in order to continue attending classes. In addition, any check returned to Evergreen Gymnastics unpaid by my bank will be subject to a \$25 service fee.

It is not Evergreen's policy to send out routine statements or invoices. If you would like one, or if you have any questions about your account, please contact our office.

SIGNED: _____
Parent/Guardian *Date*

-----To be completed by Parent or Guardian of all USAG Level 4 - 9 Team members-----

USAG LEVEL 4-9 TEAM CONTRACT

I hereby enroll _____ in Evergreen's Level _____ competitive team program for _____ hours per week. My monthly tuition for these hours will be: _____.

I agree to be responsible for payment of tuition for the 10-month session (September – June). I will notify the gym *in writing* if my child's level or class times change from what I originally signed her/him up for. I agree to pay for all classes reserved by me, whether utilized by enrollee or not. I understand that there are no refunds of registration fees, tuition, or meet fees paid.

I understand that tuition is payable in full at the beginning of each month during the session. If payment is not received by the 15th of the month, a 10% late/billing fee will be applied. I have read and understand Evergreen's late payment policy (on reverse side).

SIGNED: _____
Parent/Guardian *Date*