



MEDICAL INFORMATION FORM FOR GYMNASTICS

Participant's Name _____ Class _____
(Last Name) (First Name) (Day) (Time)

*Physical Handicaps
(Specify missing or injured body parts, weakness, etc.)

Psychological Handicaps
(Specify problem areas, such as anxieties, fears, hyperactivity, hypersensitivity)

Bones and joints _____

Muscles _____

Organs _____

Weight problem _____

*Chronic Ailments

Preferred Physician (s)

Asthma or other respiratory

Name _____

Circulatory or heart

Phone # _____

Diabetes or Hypoglycemia

Date of last exam: _____

Epilepsy

Emergency Medical Treatment

Hemophilia or other bleeding problems

We, the parents of

Allergies:

List all:

_____ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Signature _____

Date _____

Emerg. Phone # _____

Contact Person _____

If your child will participate in the Rye YMCA Gymnastic Program, please READ and SIGN the following:

INFORMED CONSENT

By giving my child permission to participate in the Rye YMCA gymnastics program, I acknowledge that my activity involving height and motion (such as gymnastics) involves the risk of injury. The risk ranges from minor injuries (such as bruises and sprains) to serious or catastrophic injuries or even death. I hereby release the Rye YMC, their officers, employees and agents from any all claims for damages to persons or property which may arise as a result of an accident occurring while _____ is participating in the Rye YMCA gymnastics program, including class participation, shows and competitions, and transportation to such shows and competition.

I hereby state that I have read and understood the above release, and agree to comply with the requirements and regulations of the Rye YMCA gymnastic program.

Parent's Signature _____ Date _____