

KIDS NIGHT OUT

BULL CITY GYMNASTICS

4502 Bennett Memorial Rd • Durham, NC • 27705 • (919) 383-3600 • www.bullcitygymnastics.com

CHILD NAME	SEX	AGE	/ /	D.O.B.	HOME PHONE
STREET ADDRESS	CITY	ZIP	REFERRAL SOURCE		
PARENT/GUARDIAN NAME	WORK PHONE		CELL PHONE		
PARENT/GUARDIAN NAME	WORK PHONE		CELL PHONE		
EMAIL ADDRESS					
EMERGENCY CONTACT NAME	HOME PHONE		WORK/CELL PHONE		

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY-Please READ before signing below

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, and climbing rope.

In consideration for allowing my child to use these facilities, I hereby forever release SRM Gym, Inc., dba Bull City Gymnastics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Bull City Gymnastics, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

As legal guardian of the aforementioned person, 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 in training or performance for Bull City Gymnastics. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Bull City Gymnastics. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk and Waiver of Liability as stated above.

Parent or Legal Guardian's Signature: _____ Date: _____

MEDICAL RELEASE

I acknowledge that gymnastics, cheerleading, and dance are strenuous, physical sports and I certify that my child is in good health and physical condition and is fully able to participate in the programs of SRM Gym, Inc., dba Bull City Gymnastics, and will maintain that physical condition so long as he/she participates in the programs.

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent or employee of Bull City Gymnastics the authority to obtain the emergency medical attention they deem necessary.

Parent or Legal Guardian's Signature: _____ Date: _____

Does this child have any medical conditions of which we should be aware? No Yes, Please describe: _____

Is your child on any medication? No Yes If yes, medication type: _____ Purpose: _____

NAME OF PHYSICIAN PHONE NUMBER INSURANCE CO. POLICY #