AERIALS "FIT'N'FUN" GYMNASTICS CENTER, L.P. GYMNASTICS CAMPER / TEAM MEMBER MEDICAL RECORD

This form MUST BE completely filled out and RETURNED to the Aerials office prior to your child's arrival at camp or training.

Name *(above)* Date of Birth Age

Address City State Zip

Home Phone Day Phone Mobil

Closest Relative Day Phone Mobil

Have you been exposed to any contagious or infectious diseases within the past three weeks? (please check ✔) ❑ Yes ❑ No
if Yes, list and date: ____________________

What immunizations have you had? Diphtheria Date:__________ Measles Date:__________ Mumps Date:__________
Poliomyelitis Date:__________ Rubella Date:__________ Tetanus Date:__________

Have you had any of the following in the past year? (please check ✔)

❑ Sore Throat	❑ Headaches	❑ Sinusitis	❑ Shortness of Breath	❑ Asthma
❑ Goiter	❑ Convulsions or Seizures	❑ Typhoid Fever	❑ Fainting	❑ Bronchitis
❑ Tuberculosis	❑ Constipation/Diarrhea	❑ Chicken Pox	❑ Rheumatism	❑ Sleep Walking
❑ Mumps	❑ Throat Infection	❑ Fractures	❑ Ear Infection	❑ Frequent Colds
❑ Surgery	❑ Frequent Urination	❑ Heart Trouble	❑ Diabetes	

Are you currently taking any medications? (please check ✔) ❑ Yes ❑ No if Yes, list: ____________________

PRESCRIPTION DRUGS Written physician's directions should accompany any prescription medicines sent to Aerials "Fit'n'Fun" Gymnastics Center L.P. for a nurse or parent to dispense. These directions must include: Medication, Dosage, Frequency, Condition being treated, physician's signature and D.E.A. number.
Medications to be given: ____________________

NON-PRESCRIPTION DRUGS Please list substances: ____________________
Drug allergies? __________ if yes, what? ____________________
Other allergies? __________ if yes, what? ____________________
Are you a USA Gymnastics member? (please check ✔) ❑ Yes ❑ No if Yes, what is your number? __________

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of ____________________, hereafter refered to as child, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading, ball sports and swimming and diving. In addition, swimming or activities in or around water can result in brain damage or drowning. I am also aware that participation in camps involves transportation to and from various field trips and as a result my child could be injured or killed in an accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Aerials "Fit'n'Fun" Gymnastics Center, L.P., programs, camps, and activities and **I ACCEPT ALL RISKS** associated with that participation. In consideration for allowing my child to use these facilities I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Aerials "Fit'n'Fun" Gymnastics Center, L.P., its officers, directors, share holders, managers, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Aerials "Fit'n'Fun" Gymnastics Center, L.P., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, managers, employees or agents. In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Aerials "Fit'n'Fun" Gymnastics Center L.P. 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 Aerials "Fit'n'Fun" Gymnastics Center L.P.

I also understand Aerials "Fit'n'Fun" Gymnastics Center L.P. retains the right to use any photographs, video-tapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

PARENT OR LEGAL GUARDIAN SIGNATURE Signature Date

See Reverse →

IMPORTANT! YOU MUST READ AND SIGN

PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINORS IN THE EMERGENCY/OUTPATIENT DEPARTMENT OF PHOENIXVILLE COMMUNITY HOSPITAL

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff in the Emergency/Outpatient Department of Phoenixville Community Hospital to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to my minor son/daughter, while my son/daughter is enrolled in programs at Aerials "Fit'n'Fun" Gymnastics Center, L.P., said medical treatment to be given to my son/daughter without any further prior permission from the undersigned.

Child's full name *(above)*

I understand that the consent and authorization herein granted does not include major surgical procedures. This consent is valid for one year from the date indicated below. A photostatic copy of this authorization shall be considered as effective and valid as the original. Physical conditions of the minor noted above that the physician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.): See other side of medical release form for this information.

I understand that I will be contacted as soon as possible in the event that my child is brought to the Phoenixville Community Hospital for treatment. If I am not available please contact:

EMERGENCY CONTACT

Name *(above)* Home Phone Mobile

Address City State Zip

PHYSICIAN

My Family's Physician is Dr. Home Phone Mobile

Address City State Zip

INSURANCE

Name of Insurance Company Policy # Group # Business Phone

Address City State Zip

PARENT OR LEGAL GUARDIAN SIGNATURE

Parent or Guardian Signature Date

Witness Date