

## MEDICAL INFORMATION FORM

**Name of Participant:** \_\_\_\_\_

**Accompanying Adult** (Parent & Tot classes only): \_\_\_\_\_

**EMERGENCY CONTACT**

**Name** (other than Parent): \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ **Alternate Number:** ( ) \_\_\_\_\_

**MEDICAL HISTORY**

**Allergies:** \_\_\_\_\_

**Ongoing medical problems** (that we should know about): \_\_\_\_\_

**Current medications or supplements** (that we should know about): \_\_\_\_\_

**Past operations** (that we should know about): \_\_\_\_\_

**Other relevant information that we should know about your child:** \_\_\_\_\_

- \* I confirm that I, or my child, am/is fit to participate in gymnastics and I am unaware of any physical or mental condition or impediment, which would prevent or hinder myself or my child from participating safely in the programs at the ST. PAUL GYMNASTICS CLUB.
- \* I confirm that I have accurately reported and disclosed any medical information (physical and mental) to the ST. PAUL GYMNASTICS CLUB, which is necessary for the proper gymnastics involvement and care of the above-mentioned child/person.
- \* I hereby authorize basic first aid to be delivered to myself or my child by the ST. PAUL GYMNASTICS CLUB or other authorities. By administering basic first aid when required or requested, the ST. PAUL GYMNASTICS CLUB in no way warrants or assumes any liability in relation to the administration of such basic first aid.
- \* I understand and agree that, in the case of an emergency the ST. PAUL GYMNASTICS CLUB assumes no responsibility or obligations relative to any cost or expense related to carrying out any emergency procedures and/or emergency transportation for myself or my child.
- \* I understand and agree that a portion of the registration fee paid to the ST. PAUL GYMNASTICS CLUB is paid to the Alberta Gymnastics Federation (A.G.F.) and is allocated to the annual A.G.F. General Liability Insurance Policy should an injury/accident occur, while a participant at the ST. PAUL GYMNASTICS CLUB. This cost is compulsory cannot be waived.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*Please indicate if there are any medical procedures that you do not authorize to be performed on yourself or your child?*

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