

ZARA Rhythmic Gymnastics Academy

Medical Authorization Form

GENERAL INFORMATION:

Child's Name _____ D.O.B. _____ Age _____

Child's Name _____ D.O.B. _____ Age _____

Child's Name _____ D.O.B. _____ Age _____

Registering Parent/Guardian's First & Last Name _____

Street Address: _____

City: _____ State: _____ Email: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

HEALTH INSURANCE INFORMATION:

Name of Health Insurance Carrier: _____

Policy Holders Name: _____ Relationship to Student: _____

Group/Plan Number: _____ Phone: _____

Billing Address: _____

Personal/Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Signature: _____ **Date:** _____

WAIVER/RELEASE:

In consideration of my child's participation in the *Zara Rhythmic Gymnastics Academy* classes, events, and activities, I agree to be bound by the following:

- Eligibility; I agree to comply with the policies and procedures of *Zara Rhythmic Gymnastics Academy*

- Waiver and Release; I, the undersigned hereby, acknowledge, I fully understand the certain elements of dangers that come with attending rhythmic gymnastics classes and events. In which participation of, my child may entail unavoidable risk to personal injury and the damage of property. These risks include, but are not limited to, multiple body sprains, broken bones, cuts/bruises, or loss of personal items.

I hereby assume all risks or injuries to my child and loss of or damage to property arising out of my child participating in activities at *Zara Rhythmic Gymnastics Academy*. And I agree to indemnify and hold *Zara Rhythmic Gymnastics Academy*, its employees and officers harmless from and against any and all liability for any injury that may be suffered by my child arising out of or in any way connected with participation in this activity. I further agree the sponsor of any *Zara Rhythmic Gymnastics Academy* event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my child's participation in said event.

- Medical Attention; In the event of an emergency or non-emergency situation in which my child requires medical attention at *Zara Rhythmic Gymnastics Academy* I hereby grant permission to the owner, faculty or agents of *Zara Rhythmic Gymnastics Academy*, for any and all medical and/or dental attention to be administrated to my child, at my expense in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but does not limit to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of a qualified personnel.

- Photography; I also agree to allow photographs of my child to be taken and used for promotional purposes.

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by the *Zara Rhythmic Gymnastics Academy*.

Child's name: _____ Date of Birth: _____

Signature of (circle one) Parent/Guardian: _____

Parent's (printed) name: _____