

COBB CHALLENGERS REGISTRATION FORM

DATE: _____

GYMNAST'S INFORMATION:

Name _____

Address _____

City _____ Zip _____

DO YOU PAY CITY TAXES _____ YES _____ NO Birth Date _____

Medical conditions, including allergies, illnesses, handicaps

Doctor's Name _____ Phone Number _____

Hospital Preference _____

PARENTS' INFORMATION

E-Mail Address _____

(Please write legibly)

Father's Name _____

Employer's Name and Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone, Pager or Other Emergency Number _____

Mother's Name _____

Employer's Name and Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone, Pager or Other Emergency Number _____

Other Emergency Contact Name & Phone # _____

Registration fee of \$32.00 (Check payable to CGCPC)

Gymnast's Name _____

The undersigned parent states that the above-named child is hereby given permission to participate in the gymnastics program of the Cobb Gymnastic Center Parents Club (CGCPC) and that parent has the legal right to grant participation in the athletic program of the CGCPC and medical authorization for the child.

Undersigned parent further states that he/she assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity of said athletic program sponsored by CGCPC.

Parent further states that this document is his/her authorization and release for any coach or employee authorized by CGCPC or any officer of CGCPC to transport or have transported by professional means, the above-named minor child to a hospital, clinic or other medical emergency facility in the event said child suffers an injury and to have first aid treatment begun at the hospital, clinic or medical emergency facility at the discretion of said authorized coach, employee or officer of CGCPC in the event the parent cannot be reached.

Parent hereby releases and holds harmless any coach, employee or officer of CGCPC exercising any right of this authorization from any damages, claims or any expenses incurred in the transport or treatment of the above-named child or the consequences thereof. This authorization is being given solely for the purpose of authorizing a competent adult to begin emergency procedures deemed necessary for the well being of said minor child in the event the parent cannot be reached by telephone or in person.

I'm aware that photographs and video footage may be taken during meets or practices for coaching or promotional purpose. I do/do not (please delete as appropriate) for my son /daughter to appear in photographs. I understand that no personal information's will be displayed with the image. The photographs can be used for the following purposes

- Promotional material
- Official Website

So sworn this the _____ day of _____, 200_____.

Parent's Signature _____

Printed Name: _____