

Motion Gymnastics, Inc

Please list all ALLERGIES below including foods:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |

List any medical concerns that our camp staff should be aware of:

Any medications your child is required to take must be clearly labeled and in a plastic zip-lock bag and turned into the office. Medical instructions need to be clearly written. Children must be self medicating or a parent must be present to give medication.

I hereby state that the above named enrollee has no physical, mental, or emotional conditions that prohibit full rigorous participation in gymnastics I also understand that it is my responsibility to inform Motion Gymnastics, Inc in writing of any physical, mental, or emotional conditions that Motion Gymnastics' Staff should be aware of in dealing with the enrollee during activities and/or an emergency.

I give Motion Gymnastics Inc permission to call EMS if they can not reach me in case of an emergency.

I am fully aware of and understand the risks, including catastrophic injury, paralysis, and even death, as well as other dangers and losses associated with participation in a gymnastics program. I understand the above risks and enroll the above named person at his/her/my own risk.

Motion Gymnastics, Inc. is not responsible for any personal belongings left or lost in Motion Gymnastics.

I understand that I must sign-in and out the above named person from camp and will provide the names of acceptable people to pick up the above named.

I understand that as an adult I am responsible for my own safety when I enter the gym is to observe and/or visit. I am also responsible for any guests or siblings brought into the gym.

Parent/Guardian Signature if enrollee is under 18

Date