

## Precision Gymnastics Academy Consent to Treatment Form

Prior to participation this form must be signed by one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

In consideration of Precision Gymnastics Academy allowing this individual to participate in gymnastics and sports activities, including classes, competitions, team practices, camps, parties, play and open-gym times, (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old, my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians): I authorize Precision Gymnastics to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

Please provide the following information regarding the participant:

Participant's Personal Physician: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Participant's Medications: \_\_\_\_\_

Participant's Allergies: \_\_\_\_\_

Participant's Significant Medical History: \_\_\_\_\_

Primary Medical Insurance Carrier/Policy #: \_\_\_\_\_

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participant's protection. This consent shall remain effective unless revoked in writing and delivered to Precision Gymnastics Academy.

I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast signature and date: \_\_\_\_\_

Guardian signature and date: \_\_\_\_\_