



All Day Childcare Registration Form

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Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

Parent's Name: _____ Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Parent's Cell: _____ Parent's Work: _____

Parent's Cell: _____ Parent's Work: _____

Email: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest medical facility.

Signature of Parent or Guardian: _____

Child's Physician: _____ Phone #: _____

Any medications taken or known medical problems: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if necessary. National Elite Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of National Elite Gymnastics personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my child while at National Elite Gymnastics and hereby agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program. I have read and abide by the guidelines.

Signature of Parent or Guardian: _____ Date: ____/____/____

I, hereby give my permission to National Elite Gymnastics to provide transportation to and from the field trips.

Signature of Parent or Guardian: _____ Date: ____/____/____