

Release Form

Parent email: _____

Impact Athletic Training Center

Athlete Name: _____ Parent Name: _____

Age: _____ Date of Birth: _____ City: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Doctor/Physician Name: _____ Phone: _____

Doctor Address: _____

Insurance Co: _____ Policy# _____

Medical Conditions: _____ Allergies: _____

Emergency contact numbers if parent cannot be reached:

Relationship: _____ Relationship: _____

Phone# _____ Phone# _____

I understand that Impact Athletic Training Center staff members are not licensed medical physicians. I release Impact Athletic Training Center staff to give first aid to my child in the case of injury or illness, and if deemed necessary by the staff to call medical personnel. I authorize the transportation by Impact Athletic Training Center staff/ or volunteer to any health care facility or calling of an ambulance for my child, if so deemed necessary by the staff. I also authorize the treatment of my child for injury/illness once at the medical facility. I authorize payment for treatment, either personally or through our family health insurance.

We the staff of Impact Athletic Training Center do our best to avoid accidents in the gym. With that said; injuries may occur in the sport of gymnastics, calisthenics, dance, tumbling, and all other activities. Athletes may suffer injuries, being minor, serious, or catastrophic in nature.

Parents should speak with their children about the possibility of injury and encourage their child to follow safety rules and coach's instructions. Impact Athletic Training Center and staff do not accept responsibility of injuries that may occur during gymnastics, calisthenics, dance, tumbling, trampoline, open workout, or in the case of any exhibition, special event, and competition, camp/clinic in which he or she may participate in while traveling to or from the event. With this in mind, and being fully aware of the risks and possibility of injury involved ,I consent to have my child/children participate in the programs offered by Impact Athletic Training Center. I waive and release all rights and claims for damages that I or my child may have against Impact Athletic Training Center. I understand it is the parents responsibility to warn the child about the risk involved in gymnastics. Impact Athletic Training Center will only warn the child through Safety Rules as by the gym and our teaching style.

In order to opt out of a class provided by Impact Athletic Training Center 30 day notice is required. If a child quits in the middle of a month, there are no refunds.

Parent/Guardian Signature: _____ Date: _____