



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Gymnastics Participant Waiver

Parent/Guardian - Please review the information presented below and sign your name in the space provided. If you have any questions regarding this waiver please contact the YMCA.

Participant Name _____ **Age** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Parent's Name** _____

Email Address _____

(Emergency Contact & Number need to be different than name and number above)

Emergency Contact _____ **Emergency Number** _____

MEDICAL PROFILE - I recognize that the gymnastics program is physically strenuous endeavors requiring my child to be in good physical condition. I hereby certify that he/she does not suffer from any physical or mental infirmities or illnesses which would affect his/her ability to engage in climbing activities. I further certify that if my child is on any regular medication I will discuss this medication with the YMCA Gymnastics staff. If they are now under the treatment for any infirmity or illness I will detail it in the space provided and speak to a YMCA staff person.

ACKNOWLEDGMENT OF RISK & ASSUMPTION RESPONSIBILITY - I understand that during my child's participation in a gymnastics activity he/she may be exposed to physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment it is impossible for the program to guarantee absolute safety. I waive any claim that may arise against the GLOW YMCA and or its employees as a result of my child's participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees. I have accepted responsibility for verifying my child's personal health and medical history on the top of this sheet. In so doing I state that my child has no physical or psychological problems that would prohibit participation in this program.

I acknowledge that there can be no guarantee of safety against risk and unforeseen accident as detailed above. I consent to the participation of the above named participant in the experiential program. I also authorize the treatment of him/her by a licensed medical doctor in the event of an emergency. This authority is granted only after a reasonable effort has been made to contact me.

Parent/Guardian Signature _____ **Date** _____