



EMERGENCY CONTACT INFORMATION/PERMISSION TO TREAT

Gymnast Name: _____ Birthdate: _____

Parents Name: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Mom Cell #: _____ Dad cell #: _____

Emergency Contact name: _____

Emergency Contact phone #: _____

Health Insurance Carrier: _____

Insurance Policy #: _____ Group #: _____

Does your child have any known allergies to food, medication, etc.:

***Please provide the office with an extra Epi-pin, inhaler, or any medication your child might need in an emergency.**

I understand that it is the express intent of MEGA to provide for the safety and protection of my child. I further understand that safe, professional gymnastics and related instruction often includes hands-on spotting to my child.

I understand that the employees, coaches, agents, teachers, and volunteers of MEGA Fun and Fitness, Michigan Elite Gymnastic Academy, Motion Evolution or other adjunct programs or events ("MEGA Staff") are not physicians or medical practitioners of any kind. Nevertheless, I hereby agree that MEGA Staff may render first aid to the students listed above in the event of any injury or illness, whether on site or traveling for camps, clinics, seminars, competitions, etc. and if deemed necessary by MEGA Staff, to call a physician and to seek medical help, including transportation by MEGA Staff to any health care facility or hospital.

I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. _____

I certify that the information above is correct

Signature: _____ Date: _____