## San Diego Rhythms Medical Release, Waiver, and Emergency Information Form

Parent's/Guardian's Name  Street Address:  City/State/Zip  Phone # (H)  Mother Phone # (W)  Email:  Physician's Name  Phone #  Dentist's Name  Phone #  Medical Insurance  In Case of Emergency contact  Special Medical Concerns:  Has gymnast/dancer ever had a concussion? yes no  I, the parent/legal guardian of the above named student, recognize that at some time during the course of gymnastics and danc nstruction, in order to achieve proper body placement and correct training exercises, the assigned instructor to my child may nadvertently touch his/her person in an impersonal manner while performing a "spot". A "spot" is the traditional way to correct body alignment and maintain safety in the sport of gymnastics and dance and is recognized as gym policy.  In the parent/legal guardian of the above named student hereby certify that my child is physically fit for and has the skill level required for participation in gymnastics/dance instructions and all other activities conducted in conjunction with these instruction and I have not been advised otherwise.  In the parent/legal guardian of the above named student have inspected the JCC facilities and equipment and accept them as	Gymnast's First Name:	L	Last Name:		
Parent's Guardian's Name  Street Address:  City/State/Zip Phone # (H)  Mother Phone # (W)  Father Phone # (W)  Enther Phone # (W)  Phone # (W)  Enther Phone # (W)  Enther Phone # (W)  Phone # (W)  Dentist's Name  Phone # (W)  In Case of Emergency contact  In Case of Emergency case of Emergency contact  In Case of Emergency contact  In Case of Emergency contact  In Case of Emergency case of Emergency contact  In Case of Emergency case of Emergency contact  In Case of	Date of Birth:	School Name:		Grade	
Street Address:	Parent's/Guardian's Name				
Email:   Physician's Name	Street Address:		City/State/Zip		
Physician's Name	Phone # (H)	Mother Phone # (W) _	F:	ather Phone # (W)	
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I give permission to San Diego Rhythms to publish my child's name, picture, and video in the newsletter, flyers, on the board, club's web site, and use it for any other publicity or professional purposes.	personal injury, illness, or proper This release is intended to release and the Lawrence Family Jewisl for personal injury to me or my in any class, program, competiti understand that accidents and in apparatus, which may cause or cagree that my son/daughter may harmless all of the persons or ag It is further understood that this I understand that in my absence or well being of my child. Shoul parent/legal guardian cannot be above listed physicians for instrusigned parent/legal guardian giv Diego Rhythms outside event is responsibility of the parent/legal performances and competitions	erty damage which I or my chi se San Diego Rhythms, its own and Community Center, Jacobs I child as the result of any neglion, camp, or other event organ juries can arise out of gymnas contribute to personal injuries participate in San Diego Rhythencies mentioned above who waiver, release and assumption San Diego Rhythms does not lid injury or illness necessitate reached San Diego Rhythms, uctions. In the event the physices permission for the City of Staking place to be utilized. And guardian. This medical release at any location San Diego Rhythms at any location San Diego Rhythms.	ald may have as a result of the need for my child to distingue any child. It is may be said and the said and	of his/her participation in gymnastics and dance of its instructors, employees, and/or volunteers to staff and directors from any and all liability onnected in any way with my child participation or attended by San Diego Rhythms. I furth Rhythmic Gymnastics requires the use of lowing the risks, nevertheless, I voluntarily ume those risks and indemnify and to hold to to me (or my heirs or assigns) for damages. It is go my heirs and assigns. It is for the care, custody, control condition, heal receive medical care and the below signed and the JCC have permission to contact the or it is deemed a medical emergency, the below it the 911 system in the area in which a San II, or emergency transportation costs are the sol Diego Rhythms workouts, camps, exhibitions forming or competing.	e. on ier lth
club's web site, and use it for any other publicity or professional purposes.	Parent/guardian Signature		Date		
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How did you hear about us:InternetSchool FlyerFriend (name)Other	How did you hear about us:Int	ernetSchool FlyerFrie	nd (name)	Other	

PLEASE CALL (858) 945 – 4114 or EMAIL to San Diego Rhythms : <u>info@sdrhythms.com</u> to schedule a free trial class