

VALLEY-WIDE ELITE GYMNASTICS

WWW.VALLEYWIDEELITE.COM



Circle Location Athlete Attends

The Lake Community Center-Tuesday Francis Domigoni Community Center-Wednesday
Menifee After School Program.
Renasus Athletics-Thursday Marion V. Ashley Community Center-Friday

FIRST NAME LAST NAME DATE OF BIRTH GENDER

1 _____ / ____ / ____
2 _____ / ____ / ____
3 _____ / ____ / ____

Students Address _____

City _____ Zip _____

Email: _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell(____) _____ - Dad's Cell(____) _____ - Home Phone(____) _____

Work Phone(____) _____ - Other than parent Emergency Phone(____) _____ - Emergency Contact _____

Family Doctor _____

HOW DID YOU FIND US? Friend _____ Sign __ Website __ Facebook __ Flier __ Other _____

MEDICAL RELEASE & WAIVER I, the parent/guardian of _____ know that participation in any sport is a potentially hazardous activity. I realize that he/she should not participate unless he/she is medically able and properly trained. I assume all risks associated with his/her participation.

Having read this waiver and knowing these facts and in consideration of your accepting my child's application to participate, I waive and release the Valley-Wide Elite Gymnastics Inc. all sponsors, affiliated Clubs, event organizers, and officers and members thereof from all claims or liabilities of any kind arising out of his/her participation. Should emergency medical treatment be necessary during this instruction, I hereby grant consent to apply the following medical treatment to myself (or my child in my absence): any examination, anesthetic, medical or surgical diagnosis and/or special supervision of duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

Printed Parent/Guardian's Name

Signature Parent/Guardian's Date

Does your child have any medical problems that in any way will effect your child's participation in the sport of GYMNASTICS ? (include Allergies, learning disabilities, & Physical Handicaps). If yes Please explain. This question is only asked to aid the instructor in dealing with your child and of course safety of your child. Please state if you have a preference to which local facility to bring your child in case of medical emergency.

