

OFFICE USE: Family Name \_\_\_\_\_ Annual Registration Date \_\_\_\_\_



## Registration Form



Gymnast's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

USAG # if known \_\_\_\_\_ AAU # if known \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Guardian 1 \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian 2 \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian Email \_\_\_\_\_

Gymnast Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

The undersigned hereby authorizes the staff at COTT, COG or COGC to act for the above-named gymnast according to their best judgment in any emergency requiring medical attention. I understand that all gymnasts must be covered by their own medical insurance, and that all medical expenses incurred will be the responsibility of the gymnast or the gymnast's family. Gymnastics activities involves motion, rotation, and height in a unique environment and, as with any physical activity, it carries the risk of serious injury. By signing below, I acknowledge that I have no knowledge of any physical or mental impairment that would be affected by the named gymnast's participation in daily activities required at the gym.

I hereby expressly discharge, release and forever hold COTT, COG and/or COGC, its principal and/or agents, harmless from any and all liability, claims, demands, controversies, damages, actions and causes of action of any kind arising out of my gymnast's participation in individual and/or group gymnastics activities and all actions related thereto.

Further, the undersigned \_\_\_\_\_ does / \_\_\_\_\_ does not consent to photography of the gymnast, solely for the purpose of advertising and/or marketing efforts by COTT, COG and/or COGC and its coaches.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## COGC / COG / COTT Medical Release

### Health History

No

Yes

Ear Infections in last 3 months:  
Rheumatic Fever:  
Convulsions:  
Diabetes:  
Ivy Poisoning:  
Insect Stings: (anaphylaxis?)  
Asthma:  
Heart Conditions:  
Measles or Mumps:  
Chicken Pox:  
Allergies (medicinal or seasonal):  
Recent Surgical Procedures:

If checked Yes, Please explain:

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Primary Care Physician Name & Phone# \_\_\_\_\_

Dentist Name & Phone# \_\_\_\_\_

**Important: Please notify the gym if your child has been exposed to any communicable diseases during the past 3 weeks or if there are any restrictions on your child's activities:**

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**PARENT AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to COGC, COG or COTT Staff to hospitalize or give proper treatment for my child as named above.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK; AND INDEMNITY AGREEMENT ("AGREEMENT")

I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe or I am unable to safely perform any activity, I will immediately discontinue participation in the activity.

I fully acknowledge, understand, appreciate and agree, that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

I hereby release, discharge, and covenant not to sue your business, it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant(s) \_\_\_\_\_

PARENTAL CONSENT I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian