



Mountain West Gymnastic Information Document

60 North Cole Road, Boise ID 83709 (208-869-1693)

Registration/Emergency Form – (Recreation-Team)

Gymnast Name #1 _____	Date of Birth _____	M or F
Gymnast Name #2 _____	Date of Birth _____	M or F
Gymnast Name #3 _____	Date of Birth _____	M or F
Father's Name: _____	Date of Birth _____	
Mother's Name: _____	Date of Birth _____	
Father's Place of employment: _____	Work Phone _____	
Mother's Place of Employment: _____	Work Phone _____	
Home Address: _____		
City, State, Zip: _____		
Home Phone: _____		
Primary Emergency Number: _____		
Father's Cell Phone: _____		
Mother's Cell Phone: _____		
E-mail Address: _____		
Emergency Contact (if parents are unavailable) _____		
Name: _____		
Phone: _____		
Relationship: _____		
Medical Insurance Company (primary): _____		
Plan/Group number (Primary): _____		
Medical Insurance Company (secondary) _____		
Plan/Group Number (Secondary): _____		
Primary Insured Name _____		
Secondary Insured Name _____		
Allergies: _____		
Doctor: _____		
Phone: _____		
Preferred Hospital: _____		

Please state any medical conditions or concerns that mountain west or emergency personnel should be aware of.



I hereby authorize Mountain West Gymnastics, to seek emergency medical treatment for my child if I cannot be reached. This release does not include non-emergency or elective surgery.

Parent/Guardian Signature: _____ Date: _____

In Consideration of the agreement of Mountain West Gymnastics Inc., (hereafter MWG) to accept the above named child (hereafter referred to as a participant) as a participant in MWG activities, the parent or legal guardian of said participant hereby state that they, he/she, understands that any activity involving height, speed, motion and flipping contain the possibility of accidental injury, and that he/she voluntarily assumes the risk of such injury.

Further, I am aware and fully understand that gymnastics is a vigorous sporting activity and poses a risk of injury. I understand that gymnastics and other related activities always and inherently involve certain risk, including but not limited to: death, serious neck and spinal cord injuries resulting in complete or partial paralysis, brain damage and or serious injury to virtually all bones, joints, muscles and internal organs of the body. It is also understood that landing mats, pits and other safety equipment including the active participation of the safety spotter MAY be inadequate to prevent injury. In other words, the risk of harm may be limited by the safety equipment and coach participation, BUT NEVER ELIMITATED. I am voluntarily allowing participation in this activity with the knowledge of the risks involved and hereby agree to accept any and all risks of personal injury, property damage and even death.

In consideration of this participation in MWG activities, I hereby release MWG Inc., its Board of Directors and Officers, the employees of MWG from any and all future claims resulting from injury to participant at any MWG activity. I affirm that I am of legal age, or the parent/legal guardian of the minor child listed above that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am releasing MWG of all future claims that may arise due to injury during participation in any MWG event or activity.

On occasion, newspapers, T.V. Stations, etc. will visit MWG, often taking photos or videos of our team or recreational children. Signing this release includes your permission for us to use you or your child's likeness in promotion and/or advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such photos or videos.

This waiver/agreement, having been read through and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian Signature _____

Gymnast Signature (if 18 years or older) _____

Date: _____