

CALIFORNIA GOLD GYMNASTICS AND CHEERLEADING, INC.
EMERGENCY INFORMATION

Name of Child: _____
Birth date: _____ Age: _____
Parent or Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Other Phone: _____
Child SS #: _____
Insurance Carrier: _____ Policy No.: _____
Any medications allergic to: _____
Emergency Contact: _____ Phone: _____

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by California Gold Gymnastics and Cheerleading, Inc. (CGGC) I am fully aware of the nature of the activities involved and the possibility of injuries and/or death which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic/camp/out of town activities or events), I do hereby grant my permission to the Shockwaves organization to seek immediate treatment for my child should he/she be injured. I hereby release the Shockwaves organization, including its officers, shareholders, agents, coaches and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under California law. In the event of any activities that are locally or nationally televised, I give California Gold Gymnastics and Cheerleading, Inc., the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

Parent/Guardian Signature

Print Name and Date