

GREENSBORO ATHLETIC CENTER
2009-2010 REGISTRATION, MEDICAL RELEASE and ASSUMPTION OF RISK
FORM

Participant's name: _____

 Birthday: _____ Age: _____

Parent's name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relation to
student: _____

Emergency Phone: _____ Email: _____

Class/Camp Choice of Dates: _____

We will do our best to accommodate your requests. Please understand that some class days and times are more popular than others and may fill quickly. In this instance, waiting list will be available.

Insurance Company: _____

Policy #: _____

_____ Participant is not covered by insurance. Please be aware that all bills will be the responsibility of the parent/guardian.

_____ I authorize GAC to take the necessary steps regarding medical attention and will allow authorized hospital facility and staff to treat my child for any illness/injury he or she has. I recognize that potentially serious injuries, including paralysis or death, can occur in any GAC activity inside or outside of the gym. This includes camps, competitions, exhibitions, performances, travel and/or any activity involving height, motion, gymnastics, dance, cheerleading and all other GAC classes. I understand and accept this risk and any medical expenses shall be my responsibility. I hereby release GAC, its owners and employees from all liability for any injuries.

Parent/Legal Guardian Signature: _____

 Date: _____

