



LAKE ERIE GYMNASTICS REGISTRATION FORM

Class/Team	
Reg/pd	

Each student must pay a yearly registration fee. Registration is \$35.

LAST NAME: _____ DATE: _____

FIRST NAME: _____ DATE OF BIRTH _____ AGE _____

Address _____ City _____ Zip Code _____

Parents/Guardian Name _____ Cell Phone #'s _____

** E-mail Address** _____ Home Phone _____

MEDICAL HISTORY/EMERGENCY PROCEDURES FORM

Father's Name _____ Address: _____ Phone _____

Mother's Name _____ Address: _____ Phone _____

Emergency Contact if parent/guardian cannot be reached _____ Phone _____

Preferred Physician _____ Phone _____ Preferred Dentist/phone _____

PHYSICAL HANDICAPS	CHRONIC AILMENTS	PSYCHOLOGICAL HANDICAPS	OTHER CONDITIONS Coaches should be aware of	MEDICATIONS
Bones/joints	Asthma	Anxieties		
Muscles	Allergies	Fears		
Organs	Diabetes	Hyperactivity		
Body Weight	Hemophilia	Other		

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

IN CONSIDERATION OF MEMBERSHIP TO LAKE ERIE GYMNASTICS & LAKE ERIE ULTIMATE, HEREINAFTER REFERRED TO AS THE "LEGS & LEUAS" AND BEING ALLOWED TO PARTICIPATE IN LEGS & LEUAS EVENTS AND/OR MEMBER CLUB ACTIVITIES, THE PARENT(S) AND/OR GUARDIAN(S) OF THE MINOR PARTICIPANT NAMED BELOW AGREED:

1. THE PARENT(S) AND/OR LEGAL GUARDIAN(S) CONSENTS TO AND WILL INSTRUCT THE MINOR PARTICIPATING IN ANY USGF AND/OR MEMBER CLUB ACTIVITY OR EVENT AND REGULARLY THEREAFTER, THAT HE OR SHE SHOULD INSPECT THE FACILITIES AND EQUIPMENT TO BE USED, AND IF HE OR SHE BELIEVES ANYTHING IS UNSAFE, THE PARTICIPANT SHOULD IMMEDIATELY ADVISE THE INSTRUCTOR OF SUCH CONDITION AND REFUSE TO PARTICIPATE.
2. PARTICIPANT SHALL BE INSTRUCTED TO AND SHALL CAREFULLY REVIEW AND FOLLOW ALL LEGS & LEUAS SAFETY GUIDELINES.
3. I/WE FULLY UNDERSTAND AND WILL INSTRUCT THE MINOR PARTICIPANT THAT:
 - a. THERE ARE RISKS AND DANGERS ASSOCIATED WITH PARTICIPATION IN CHEERLEADING/GYMNASTICS EVENTS AND ACTIVITIES INCLUDING BUT NOT LIMITED TO THOSE OF BODILY INJURY, PARTIAL AND/OR LOCAL DISABILITY, PARALYSIS, AND DEATH
 - b. THE SOCIAL AND ECONOMIC LOSSES AND/OR DAMAGES WHICH COULD RESULT FROM THOSE RISKS AND DANGERS DESCRIBED ABOVE COULD BE SEVERE
 - c. THESE RISKS AND DANGERS MAY BE CAUSED BY THE NEGLIGENCE OF THE PARTICIPANT OR THE NEGLIGENCE OF OTHERS
 - d. THERE MAY BE OTHER RISKS NOT KNOWN TO US OR ARE NOT REASONABLY FORESEEABLE AT THIS TIME
4. I/WE AGREE AND ASSUME SUCH RISKS AND RESPONSIBILITY FOR THE LOSSES AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, HOWEVER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE LEGS/LEUAS, OTHER PARTICIPANTS, COACHES, INSTRUCTORS, OFFICIALS, SPONSORS, ADVERTISERS, OWNERS AND LESSEES OF THE PREMISES USED TO CONDUCT THE EVENT OR ACTIVITY AND EACH OF THEM, THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES.
5. I/WE AGREE THAT THIS CONSENT AND ASSUMPTION OF RISK STATEMENT COVERS EACH AND EVERY EVENT OR ACTIVITY SPONSORED BY THE USGF AND/OR ITS MEMBER CLUBS.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME OF PARTICIPANT

DATE