

Child's Name _____ Birthday _____ Date _____
Phone Number _____

Medical

1. Does your child suffer from any allergies? Yes No
If yes, please list _____
2. Is your child on any medication? Yes No
If yes, please list _____
3. Has your child suffered any serious injuries? Yes No
If yes, please describe _____

4. Is there anything our staff should be aware of when teaching your child? Yes No
If yes, please explain _____

**Parent Agreement Form
Waiver/Release Form**

I have read the rules and policies for Carolina Stars Gymnastics & Cheerleading. I agree to abide by these rules and policies during the duration of our association with Carolina Stars Gymnastics & Cheerleading.

By the very nature of the activity, gymnastics/cheerleading carries a risk of physical injury. These risks include minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. These risks also include catastrophic injuries such as permanent paralysis or death from landings or falls on back, neck, or head. These risks can be reduced through coach/student care, safety mats, spotting, lower heights and reduced speed; however, these risks can never be completely eliminated.

I am fully aware of and appreciate these risks as well as other damages and losses associated with the participation in gymnastics and cheerleading activities and events.

I fully agree that Carolina Stars Gymnastics & Cheerleading, and the sponsor of any Carolina Stars gymnastics or cheerleading event, along with the employees, coaches, and officers of these organizations shall not be liable for any loss or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above.

I also grant permission for members of Carolina Stars Gymnastics & Cheerleading to administer temporary first aid to my child/children in the event of an injury/illness, and to seek medical attention including transportation to a health care facility or hospital, or calling of an ambulance should it be deemed necessary.

Please check one:

- I, _____ give CSGA, Inc. permission to use any images of my child, my family and myself for advertising purposes (web page, print ads, etc.).
- I do not want any images used CSGA, Inc. advertising.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: _____