

Marion Gymnastics

NAME _____ Birthday _____

Parent/Guardian _____ PHONE # _____

Address _____

Email _____

MEDICAL INFORMATION AND RELEASE FORM FOR REC GYMNASTICS

Name and phone number of person to contact in case of emergency:

Special Instruction: (Medical problems or needs to be brought to the attention of the instructors, etc.)

TO WHOM IT MAY CONCERN: In the event that the above named participant is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at events or activities, this participant's coach/instructor or any employee of Marion Parks & Recreation has my consent to authorize treatment for this participant by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above participant permission to participate in the above named REC program with full knowledge of the risks involved.

I hereby agree to assume those risks and **WILL NOT** hold the City of Marion, Marion Parks & Recreation, coaches, instructors, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do understand that accident insurance is not provided by Marion Parks & Recreation and I hereby agreed to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named participant while participating in the REC gymnastics program.

Parent or Guardian's Signature: _____ Date: _____