

FLAMES GYMNASTICS ACADEMY INC. & FLAMES GYMNASTICS WEST INC.



Medical Consent and Release of Liability

Student Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:
Student Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:
Student Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:
Name of Responsible Party:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian <small>(Court paper needed)</small>
Address:	City:	State:	Phone Number:
Emergency Contact:	Phone Number:		Email:
Medical Conditions:			

As legal guardian, I understand that the sport of gymnastics involves certain inherent risks including the possibility of serious injury or death. In consideration of my participation and or my child's participation in the activities including, but not limited to: gymnastics classes, tumbling, cheerleading, trampoline, karate, private lessons, clinics, open gym, dance lessons, competitions, team work-outs, or any special events of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc. I am also aware that participation in day camps involves transportation to and from various field trips and as a result I and or my child could be injured or killed in a vehicular accident. I do hereby agree to hold free from any and all liabilities, claims, damages, injuries, or losses, Flames Gymnastics Academy Inc./Flames Gymnastics West Inc., its respective owners, officers, employees, members, and the owner of the property where the business is being carried out and due hereby for myself, my heirs, executors, and administrators release and forever discharge all rights and claims for damages which I or my child may have or which may hereafter occur to me or my child arising out of or connected with me or my child's participation in any of the activities of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc.. Also, any costs incurred including but not limited to: medical treatment of any type, costs for any medications, ambulance expenses, therapy of any type, costs for 'pain and suffering', liability, punitive damages, costs incurred for loss of work due to injury, or for loss of work for transporting and/or caring for myself and/or an injured child, etc. As part of being at Flames Gymnastics Academy Inc./Flames Gymnastics West Inc., my picture and my child's picture may be taken and used on websites, advertisements, and on posters in the lobby.

I hereby grant my consent for Flames Gymnastics Academy Inc./Flames Gymnastics West Inc. and any of its officers or agents to provide emergency medical care if necessary, to myself and my child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of Flames Gymnastics Academy Inc./Flames Gymnastics West Inc. I also agree to assume responsibility for any and all expenses incurred for the emergency medical treatment of myself and my child.

Signature of Parent/Legal Guardian	Print Name	Relationship	Date

Trial Date:	Day:	Time:	Class:
Requested Day(s):	Time(s):	How did you hear of Flames?	
Monthly Fee:	Pro-rated Fee:	Registration Fee:	Total Payment:

FLAMES GYMNASTICS ACADEMY INC. 9299 W. Olive Avenue, Suite #604, Peoria, AZ 85345
 9811 W. Happy Valley Road, Suite #1410, Peoria, AZ 85383
FLAMES GYNNASTICS WEST INC. 1465 N. Dysart Rd. #200 Avondale, AZ 85323
PHONE: 623-875-7777