

Champion Gymnastics Ann Arbor



Laurie Aben, Owner

7240 Jackson Rd.
Ann Arbor, MI 48103
(734) 222-1810

email:
cga2@champpgymaa.com

* GYMNASTICS
TRAINING FOR GIRLS
& BOYS
AGES 18mths -18 yrs

*DEVELOPMENTAL
RECREATION &
COMPETITIVE TEAMS

* USAG GYM
MEMBER

* AAI OLYMPIC
QUALITY
EQUIPMENT

* USAG
SAFETY & SKILL
CERTIFIED
INSTRUCTORS

*HEADS UP
CONCUSSION
CERTIFIED STAFF

* DAY & EVENING
PROGRAMS

* CONVENIENT TO
ANN ARBOR,
DEXTER & CHELSEA

Recreational Registration & Fun Meet Consent Form

Section 1 GENERAL INFORMATION

Student LAST Name _____

Student(s) FIRST Name 1) _____ (2) _____ (3) _____

Student(s) Birth Dates 1) _____ (2) _____ (3) _____

Street Address _____

City _____ Zip Code _____

Guardian 1 _____ Relationship _____

Guardian 2 _____ Relationship _____

Guardian Cell 1 _____ Guardian 2 cell _____

E-mail Address _____

Class(es) Registering for _____ Class Day/Time _____

How Did You Hear About Us: Internet Print Radio Other

Section 2 EMERGENCY INFORMATION

Emergency #: _____

Other Emergency Contact Name _____

Family Physician /Numbe _____

Pre-existing Medical Conditions (e.g. allergies or chronic illnesses)

Section 3 PHOTOGRAPHY AND VIDEO RELEASE

I authorize Ann Arbor Gymnastics L.L.C. (dba Champion Gymnastics) to use photography, video and audio recording of my child(ren) in the promotion of their gymnastics center. I understand that said images and/or voice would be used for advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, print, radio or TV.

Yes No

Section 4 INFORMED CONSENT

Medical

I authorize Champion Gymnastics to provide emergency treatment of an injury or illness to the student(s) in the event that qualified medical personnel consider treatment necessary and are available to perform the treatment. Transportation to the nearest medical center is included in this authorization. My permission is granted only if I cannot be reached after a reasonable effort has been made to do so.

Acknowledgment

I hereby give my permission for the above named student(s) to participate in any and all activities at Ann Arbor Gymnastics L.L.C. (dba Champion Gymnastics) including the activity Ninja Zone.

Further, I authorize ANN ARBOR GYMNASTICS L.L.C. (dba CHAMPION GYMNASTICS) to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in the activity mentioned above is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Signature _____ Date _____