

# THE RALEIGH SCHOOL OF GYMNASTICS

All Competitors must have this form completed and signed by a parent  
**PLEASE PRINT** **PLEASE PRINT**

STUDENT'S NAME	AGE	BIRTH DATE	HOME PHONE
			MOBILE PHONE
STREET ADDRESS	CITY	STATE	ZIP
MOTHER'S NAME	MOTHER'S EMPLOYER		MOTHER'S BUSINESS PHONE
FATHER'S NAME	FATHER'S EMPLOYER		FATHER'S BUSINESS PHONE
NAME OF SCHOOL	GRADE	IS THE ABOVE NAMED STUDENT COVERED BY MEDICAL INSURANCE? (CIRCLE ONE) <span style="float: right;">YES    NO</span>	
HAS THE ABOVE STUDENT EVER BEEN SERIOUSLY INJURED? IF YES, PLEASE DESCRIBE:			YES    NO
DOES THE ABOVE STUDENT HAVE ANY PHYSICAL OR MENTAL DISABILITIES?			YES    NO
STUDENT'S LAST PHYSICAL EXAMINATION – DATE		DOCTOR'S NAME	RESULTS
IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (IF PARENT CANNOT BE REACHED)			
NAME	RELATIONSHIP	PHONE	

By permitting my child to participate in the North Carolina High School State Gymnastics Meet at the Raleigh School of Gymnastics, I understand and acknowledge the fact that participation in gymnastics involves a certain degree of risk of injury to the participant. I agree to assume such risk, and hereby release Raleigh Gymnastics LLC, DBA as Raleigh School of Gymnastics, its owners, and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a competitor at the Raleigh School of Gymnastics in or upon the premises of the Raleigh School of Gymnastics. I also understand that I am expected to carry accident and/or medical insurance on the above student and that such insurance is not provided by the Raleigh School of Gymnastics.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date