

Special Needs Gymnastics Team

# Enrollment Form

## Student Information:

Name

First \_\_\_\_\_

Last \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Birthday \_\_\_\_\_

Phone# \_\_\_\_\_

Cell# \_\_\_\_\_

Email address \_\_\_\_\_

## Parent Information:

Mom \_\_\_\_\_ work# \_\_\_\_\_

Dad \_\_\_\_\_ work# \_\_\_\_\_

Person to contact in case of emergency if parent cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

## Participation Release

I (we) the undersigned parents of \_\_\_\_\_ permits the named student to participate in the programs offered by Denise Anderson-Wright and the other Associates. (Special Needs Gymnastics)

Participation in the activities offered by Denise Anderson-Wright and the other Associates involve motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk. I (we) hereby express the intention to completely release and hold harmless Denise Anderson-Wright and the other Associates from any and all claims, actions, demands or those that may arise out of or be associated by directly or indirectly any negligent act(s) or omission(s) of Denise Anderson-Wright and the other Associates.

I (we) the student or parent or guardian of named student of Denise Anderson-Wright and other Associates hereby voluntarily and knowingly release any and all claims, actions, demands or rights to any monetary judgements or be occasioned by directly or indirectly, and negligent act(s) or omission(s) of Denise Anderson-Wright and the other Associates during the student's attendance at and participation in any activities associated with Denise Anderson-Wright and the other Associates on any and all premises.

By the execution hereof I do further bind myself, my child my legal ward, their heirs, executors' administrators, successors or assigns.

## Permission For Medical Treatment

I (we) authorize any representative of Denise Anderson-Wright and the other Associates to take the necessary steps regarding medical attention (first aid, emergency transportation to the hospital etc) and will allow authorized hospital staff to treat my child or legal ward for Any illness he or she may have.

Signed this \_\_\_\_ day of \_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of student, parent, guardian

\_\_\_\_\_  
I(We) would like to participate in Special Olympics  
\_\_\_\_\_  
Pictures, video, and other forms may be used for advertising of my child  
(on the back list any and all disabilities, allergies, information need to know, and goals)