

Imagymnation Workshop Information & Medical form

Office only

Name: _____

Child's Name _____ Sex _____ DOB ____ / ____ / ____ Age _____

Home Phone _____ School _____ Has your child attended Imagymnation before? _____ Year? _____

Address _____ City _____ State _____ Zip _____

Parent/guardian _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Second parent/guardian/emergency contact _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Email address: _____

Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is between 8:45am-9am. Please note: our counselors are in meetings prior to 8:45am.
- Pick-up is between 12:45-1:00pm. Late pick-ups will have a charge of \$5.00 per five minutes late (example- 15 minutes late = \$15.00 charge).

Please list those adults to whom your child may be released and picked up.

Name	Phone 1	Phone 2	Relationship

Please list anyone who doesn't have permission to pick up your child: _____

Please list any friends that your child would like to be placed with: _____ Age: _____

Friend #2: _____ Age: _____

Are there any Kids First classes that we need to take your child to during Imagymnation? _____

If yes, please list: _____

Your Child

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____

Allergic to: Bee Stings Peanuts Tree Nuts Dairy Sun screen Other _____

Medication allergies/Sensitivities: _____

Is an epi-pen needed for any of the allergies above? _____

What type of reaction does your child have to stings? _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Group: _____

Age: _____

Imagymnation Station Information & Medical Form

Immunizations and History

Please check if your child has the following shots?

- Chicken Pox
- Measles
- Tetanus

Has your child been exposed to or had:	Date:
<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Measles	_____
<input type="checkbox"/> German Measles	_____
<input type="checkbox"/> Mumps	_____
<input type="checkbox"/> Other	_____

What are some goals that you would like your child to accomplish at camp?
(such as social skills, physical strength, self esteem)

Does your child have any of the following medical conditions:

- Asthma
- Asperger
- Autism
- Blood clotting disorders
- Diabetes
- Down syndrome
- Seizures
- Any other mental /medical issues or information that would be helpful to us and that would aid in an emergency :



Does your child need one on one attention? _____
If YES, what is the name of the caregiver that will be attending? _____

Explain any restrictions your child may have on activities:

Is your child currently taking any medications? _____ If so, please list: _____

Will your child be taking any medications while at Imagymnation or need an inhaler or epi-pen? _____ If so, please fill out the medication form.

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE

(1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion. Those activities include but are not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Queen City Gymnastics Center, Inc., dba Kids First Sports Center and affiliated entities ("Kids First") or Ronnie Grandison Basketball Academy, RG Basketball and affiliated entities ("RG Basketball") programs and activities and I **ACCEPT ALL RISKS** associated with such participation.

(2) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, **PROMISE NOT TO SUE and FOREVER RELEASE** Kids First, RG Basketball, their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from negligence.

(3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids First or RG Basketball and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kids First or RG Basketball.

(4) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Kids First or RG Basketball publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement. PARENT/LEGAL GUARDIAN'S signature.

Parent/ Legal Guardian's Signature _____

Date _____