

Gymnastics Camp Medical Waiver Form

Participant Information

Participant Name

Date of Birth

Address

Phone Number

Parent/Guardian Name

Emergency Contact (Name & Phone)

Medical Information

Primary Physician Name

Allergies (food, medication, etc.)

Medical Conditions

Current Medications

Health Insurance Provider

Policy/Group Number

Authorization & Waiver

I acknowledge that gymnastics involves physical activity and may carry an inherent risk of injury. By signing below, I authorize the camp staff to obtain medical attention for my child in the case of an emergency. I hold harmless the gymnastics camp, its employees, and its affiliates from any and all liability. I certify that all information provided above is accurate to the best of my knowledge.

Parent/Guardian Signature

Date