

Student Name _____

Date of Birth _____

Parent Name _____

Phone # _____

MEDICAL AUTHORIZATION FORM AND RELEASE

I, for myself and as the parent and/or legal guardian of the child(ren) named above, do hereby authorize First Coast to transport my child and/or ward to a doctor, hospital or other health care facility and to act in my place to obtain medical or hospital treatment for him or her. I hereby release First Coast Rhythmics and/or First Coast Arts & Sports, its directors, owners, instructors, employees, agents and servants, from any and all liability for personal injury to me or my child and/or ward as the result of any negligence in transporting my child and/or ward, the selection of a health care provider or health care facility, obtaining medical or hospital treatment or any delay in such transportation, and selection of treatment.

By signing this release, I acknowledge my understanding and acceptance of the following:

1. that my child is participating in an active sport which can result in injury to participants and/or spectators.
2. that First Coast provides an area for observing my child during his or her activities and that I have the option to remain in the observation area while my child is in a class, working out or performing.
3. that in the event I choose to leave my child before or during class, a work out or a performance, I have given First Coast my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child, selecting a health care facility and obtaining treatment for him or her.
4. that in my absence First Coast does not assume any responsibility for the care, custody, health or well being of my child and/or ward.
5. that I understand that First Coast does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policy. If injuries occur, I understand that the student's own policy is the only source of reimbursement. This includes any activity outside of the practice facility, such as parades, competitions, conventions, activities, fund-raisers, and/or performances. First Coast is not responsible for any personal injury during any of these events.

RELEASE OF LIABILITY FOR PERSONAL INJURY

I, for myself and as the parent and/or legal guardian of the above named child(ren) do hereby release First Coast Arts & Sports and First Coast Rhythmic., its owners, operators, instructors, employees, agents and servants, from any and all liability for personal injury to me or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of First Coast. and/or my or my child's participation in any class, program, competition or other event organized, run and/or sponsored by First Coast whether at First Coast facility or elsewhere. On behalf of myself and my child I agree to indemnify and hold harmless First Coast, its owners, operators, instructors, employees, agents and servants from any and all claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or to my child.

By signing this Release, I acknowledge my understanding and acceptance of the following:

1. That the activities held at First Coast are active sports which require strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.
2. That the activities held at First Coast require twisting, turning, jumping, flexion, extension and rotation, these movements are often performed with considerable force and/or at considerable height and which can result in injury, minimal, moderate or catastrophic including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, paralysis or fatality.
3. That certain activities require physical contact between students and/or students and instructors.
4. That activities such as gymnastics, Acrobatics and Cheer stunts require physical contact between participants and between students and instructors that may cause or contribute to personal injuries, such as those described above.
5. That certain activities may require specific protection gear and it is my responsibility to provide such gear and make sure my child is wearing protective gear while training, competing or performing.
6. That rhythmic gymnastics requires the use of apparatus which may cause or contribute to personal injuries, such as those described above.

I have read the above and been given an opportunity to speak with a representative of First Coast before signing this Medical Authorization Form and Liability Release. I recognize that this Release means I am giving up, among other things, rights to sue the Club, First Coast Arts & Sports Club, aka First Coast Rhythmic Gymnastics, First Coast Rhythmics, and, or FCR or FCRG, its agents, the Instructors and the Members for injuries, damages, or losses I may incur while participating in this activity. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read the entire Release; I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Dated: _____

Signature of Parent or Guardian_____

Registration and Information

firstcoastcenter@gmail.com Phone: 904-504-3946 Jacksonville, Florida

STUDENT INFORMATION

Student Name _____ Age _____ Birth date _____

Street _____ City _____ State ____ ZIP _____ Home Phone _____

School _____ City _____ Grade _____

Are there any medical concerns you would like to share with us? Yes No

Please explain: _____

Health Insurance Co. _____

Prior Experience: Rhythmic Gymnastics: _____ Artistic Gymnastics: _____

Ballet: _____ Jazz: _____ Dance: _____ Cheer: _____ Tumbling: _____

PARENTS INFORMATION

Mother Name _____ Cell Phone _____ email: _____

Home Phone _____ Work Place _____ Work Phone _____

Father Name _____ Cell Phone _____ email: _____

Home Phone _____ Work Place _____ Work Phone _____

How did you hear about our Team? _____

Media Release

We publish a periodic Newsletter and maintain a news blog and a club web site. Once becoming part of our program, your child's picture and first name may be used in the above publications, local newspapers and/or national magazines. Please check below and circle the media method you agree with.

I give permission to publish the following:

First Name (web / print)

Last Name (web / print)

Picture (web / print)

Parent name _____ Date _____ Signature _____

Use back of sheet for any specific instructions.

I have read, understood and signed the Medical and Liability Release forms.

I agree to respect the rules and policies in effect at First Coast Rhythmic

I have included Registration fee and first months tuition

Name _____ Signature _____ Date _____

Make checks payable to : First Coast