

Please complete form & return to us with  
\$35.00 Registration fee to reserve class space

Entry Date \_\_\_\_\_  
(month & year 1st attended B.G.C.)

**Butler Gymnastics Club, Inc.**  
560 Evans City Road - Butler, PA 16001  
(724) 482-2900

**Student Information Form**

**E-mail Address:** \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) (FM)  
Class \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

Teams(Level) 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Employer \_\_\_\_\_ Parent Employer \_\_\_\_\_

Child's Previous Experience: (describe briefly)

Use space below to list all childrens' ages who are enrolled in classes

First Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT STATEMENT**

I, the parent of \_\_\_\_\_, understand that my signature on this form gives my consent to the staff or those representing the Butler Gymnastics Club, Inc. to transport my child (and or ward) to a hospital or call an ambulance so that emergency care can be given. I also give my permission to administer emergency care.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

Fill out the information below so we may act quickly in the event of an accident.

Who to call if parents cannot be reached:

Name/Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Any intolerance to drugs or medication?

Any previous illness or injury the staff should be aware of?

If so, are there any restrictions?

(over)

**U S A GYMNASTICS  
MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT**

In CONSIDERATION of membership in the U S A Gymnastics, hereafter referred to as the "USAG", and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USAG and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all U S A Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
  - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the USAG, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs.

I/WE HAVE READ THE ABOVE WAIVER.

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

\_\_\_\_\_  
Date

Printed Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Printed Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Member Institution: **Butler Gymnastics Club, Inc.** City: **Butler**

**Directions:** Check( ) the appropriate space for yes or no. Some "yes" answers require explanations; please provide them where appropriate.

### IMMUNIZATIONS

Date of last poliomyelitis vaccine:\_\_\_\_\_

Date of last tetanus shot:\_\_\_\_\_

YES NO

### GENERAL

\_\_\_ \_\_\_ Are you currently taking any medications? If so, list them here:\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_\_\_

\_\_\_ \_\_\_ Do you have any allergies to foods/drugs (aspirin, sulfa, etc.)? If so, list them here\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_\_\_

\_\_\_ \_\_\_ Do you have any other allergies (insect bites, etc.)? If so, list them here:\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_\_\_

\_\_\_ \_\_\_ Do you have any chronic ailments (such as asthma, hypoglycemia, etc.)? If so, list them here:\_\_\_\_\_

\_\_\_ \_\_\_ Have you had any serious illness in the last two years? If so, list them here:\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_\_\_

\_\_\_ \_\_\_ Have you ever had any surgery? If so, list here:\_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_\_\_

\_\_\_ \_\_\_ Do you have any missing body parts (eye, kidney, etc.)?

\_\_\_ \_\_\_ Have you ever been told that you have a hernia? If so, is it repaired (please give the date)?\_\_\_\_\_

\_\_\_ \_\_\_ Have you ever had any problems with heat (stroke, exhaustion, etc.)?

\_\_\_ \_\_\_ Do you have frequent nausea and/or vomiting?

\_\_\_ \_\_\_ Do you have occasional dizziness?

\_\_\_ \_\_\_ Do you ever faint?

\_\_\_ \_\_\_ Do you get frequent and severe headaches?

\_\_\_ \_\_\_ Have you ever had a concussion, or loss of consciousness?

\_\_\_ \_\_\_ Have you ever had a neck injury?

\_\_\_ \_\_\_ Have you ever had seizures or epilepsy? If so, list date of most recent seizure\_\_\_\_\_

\_\_\_ \_\_\_ Have you ever been advised by a medical doctor not to participate in any athletic activity?

\_\_\_ \_\_\_ Have you ever been treated for diabetes?

\_\_\_ \_\_\_ Do you have a heart murmur or high blood pressure?

\_\_\_ \_\_\_ Have you ever been told that you were anemic?

### BONE AND JOINT

\_\_\_ \_\_\_ Do you think your back is weak?

\_\_\_ \_\_\_ Have you ever injured your back? If so, did you seek the advice or care of a Medical Doctor?\_\_\_\_\_

(over)

**YES NO**

- \_\_\_ \_\_\_ Do you experience pain in your back? If so, indicate the frequency with which you experience pain by underscoring the answer: **VERY SELDOM / OCCASIONALLY / FREQUENTLY / ONLY ON VIGOROUS EXERCISE / HEAVY LIFTING**
- \_\_\_ \_\_\_ Do you have scoliosis?
- \_\_\_ \_\_\_ Do you have spondylolysis (stress fracture of the lower back)?
- \_\_\_ \_\_\_ Have you had a shoulder dislocation, separation or other shoulder injury during the past two years that incapacitated you for a week or longer?
- \_\_\_ \_\_\_ Have you been advised to have surgery to correct a shoulder condition? If so, give dates \_\_\_\_\_
- \_\_\_ \_\_\_ Have you ever experienced a severe sprain, dislocation, or fracture to either elbow during the past two years? If so, give dates: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you get chronic elbow pain?
- \_\_\_ \_\_\_ Have you ever had an elbow dislocation?
- \_\_\_ \_\_\_ Do you get chronic wrist pain?
- \_\_\_ \_\_\_ Have you experienced a strain to either knee during the past two years with severe swelling accompanying the injury?
- \_\_\_ \_\_\_ Have you had tendinitis about the knee?
- \_\_\_ \_\_\_ Have you ever been told that you injured the ligaments of either knee?
- \_\_\_ \_\_\_ Have you ever been told that you injured the cartilage of either knee joint?
- \_\_\_ \_\_\_ Have you ever been told that you have a "trick" knee?
- \_\_\_ \_\_\_ Have you ever dislocated your patella (kneecap)?
- \_\_\_ \_\_\_ Have you ever been advised to have surgery to a knee to correct a condition? If so, give dates: \_\_\_\_\_
- \_\_\_ \_\_\_ Have you ever had shin splints or a stress fracture in your leg?
- \_\_\_ \_\_\_ Have you ever had any foot problems before?
- \_\_\_ \_\_\_ Have you had, or do you have, pain in your feet while walking, running, or standing?
- \_\_\_ \_\_\_ Do you have leg cramps at night?
- \_\_\_ \_\_\_ Have you had occasional hamstring muscle strains/pulls?
- \_\_\_ \_\_\_ Do you have weak ankles and have you ever sprained your ankles previous to this exam?
- \_\_\_ \_\_\_ Do you get frequent ankle sprains?
- \_\_\_ \_\_\_ Have you had any surgery which was performed on your feet or surgery which was recommended?

### **EARS, NOSE, THROAT, AND DENTAL**

- \_\_\_ \_\_\_ Do you have frequent nosebleeds?
- \_\_\_ \_\_\_ Do you have frequent sore throats?
- \_\_\_ \_\_\_ Do you have frequent ear infections?
- \_\_\_ \_\_\_ Have you been treated for infectious mononucleosis, virus pneumonia or another infectious disease during the past year? If so, list dates: \_\_\_\_\_
- \_\_\_ \_\_\_ Have you noticed decreased hearing in either ear?
- \_\_\_ \_\_\_ Do you wear any dental appliance (braces, permanent bridges, etc.)? If so, please list here: \_\_\_\_\_
- \_\_\_ \_\_\_ Do you have poor vision in either eye?
- \_\_\_ \_\_\_ Do you wear glasses or contact lenses? If contacts, soft or hard? \_\_\_\_\_