

Information Card

Child's Last Name _____ Child's First Name _____ girl? boy? _____ / _____ / _____
Birthday

Contact Last Name _____ Contact First Name _____ Relationship _____ *Cell # _____

Address _____ City _____ State _____ Zip Code _____ E-Mail Address _____

Contact Last Name _____ Contact First Name _____ Relationship _____ *Cell # _____

Address (Same as above) _____ City _____ State _____ Zip Code _____ E-Mail Address _____

Emergency Contact Name _____ Relationship _____ *Cell # _____

How did you hear about us? _____

Medical Information Please circle if your child has problems with any of these: asthma, heart, diabetes, epilepsy, orthopedics, allergies, other (explain) _____

T K Streets, Inc. DBA: Billings Gymnastics School & Little Fish Swim School
2449 Enterprise Avenue
Billings, MT 59102 (406) 259-2237

*By providing BGS Office with your cell number, you are giving our office permission to call that phone. **Signature required on back** →

Notification of Risk & Permission to Treat

T K Streets, Inc. DBA: Billings Gymnastics School
To be referred to as "BGS" for the purpose of this form

I fully understand that the BGS staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release the BGS staff to render temporary first aid to my child in the event of any injury or illness and, if deemed necessary by the BGS staff, to seek professional medical help including transportation by a BGS staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child.

We, the staff of BGS, recognize our obligation to make our students and their parents aware of the risks and hazards associated with gymnastics, tumbling, cheerleading, swimming, day camps, birthday parties or field trips. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Parents should make their child aware of the possibility of injury and encourage their child to follow all the safety rules and the coaches' instructions. BGS, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of the above mentioned activities or open workouts, special activities, exhibitions, competitions or clinics or while traveling to or from the event.

With the above in mind and being fully aware of the risks and the possibility of injury involved, I consent to have my child participate in the programs offered by BGS. I, my executors, or other representatives waive and release all rights and claims for damages that my child or I may have against BGS and/or its representatives, whether paid or volunteer.

I affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's and my own protection.

I understand that it is the parent's responsibility to warn the child about the dangers of activity and injury. The parent should warn the child according to what the parent feels is appropriate. BGS will only warn the child through safety rules and its teaching style and progressions.

I also understand if the child will no longer be attending class, I need to let the office know. Notification must be received at least a week before the start of the new 4-week monthly session. Failure to do this will result in charges for the next session.

I also understand that in the event I default on my payments and it is necessary by BGS to turn my account over for collections that I will be subject to a minimum service charge of \$25.00.

I also understand that BGS may from time to time use my child's photo (no names) in printed materials and/or on their website. (If you DO NOT want your child's picture used, please notify the BGS office.)

Parent/ Legal Guardian Signature: _____ **Date** _____ / _____ / _____

Printed Child's Name: _____

Printed Adult Participant Name: _____

Relationship to Child: _____

Adult Notification of Risk & Permission to Treat

T K Streets, Inc. DBA: Billings Gymnastics School
To be referred to as "BGS" for the purpose of this form

We, the staff of BGS, recognize our obligation to make you aware of the dangers and risks of participating in the sport of gymnastics or swimming whether as an athlete or as a parent, guardian or other adult assisting a child.

As a parent, guardian or other adult assisting a child in BGS's Gym Buddies gymnastics class or BGS's Swim Buddies swim classes for students 18 months - 36 months old, I fully understand that BGS staff members are not physicians or medical practitioners of any kind. I hereby release the BGS staff to render temporary first aid to me in the event of injury or illness and, if deemed necessary by the BGS staff, to seek professional medical help if I am unable to make such decisions for myself.

I understand that my presence in the gym or the pool exposes me to risk and hazards. I understand that these risks and hazards include but are not limited to injury due to equipment failure, trips, slips and falls.

With the above in mind and being fully aware of the risks associated with participation in the above mentioned activities, I, my executors, or other representatives waive and release all rights and claims for damages that I may have against BGS and/or its representatives whether paid or volunteer.

I affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for my own protection.

Signature: _____ **Date** ____/____/____