

# SMGYM

Player's Name \_\_\_\_\_ Player's Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address 1 \_\_\_\_\_ Cell Phone 1 \_\_\_\_\_

Email Address 2 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Emergency Phone 1 \_\_\_\_\_ Emergency Phone 2 \_\_\_\_\_

Medical Information and Special Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parental Authorization and Waiver of Claims

I, parent or guardian of the above player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. Furthermore, on behalf of myself and the player, his/her heirs, successors, and or assigns, do hereby waive release, absolve, indemnify, and agree to hold harmless the league (Signal Mountain Youth Gymnastics) ,its officers, directors, coaches, participants, volunteers, sponsors, and/or persons transporting the player to and from activities, the Hamilton County General Government, the Hamilton County Department of Education, the town of Signal Mountain, and Signal Mountain Youth Gymnastics from any claim arising out of an injury to the player.

I also grant permission to managing personnel or the league representatives to authorize and obtain medical care from Any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league/camp activities away from home, or at other times when neither the parent/guardian are available to grant authorization for emergency treatment. I further agree that I will assume all financial responsibility for any medical claims for the treatment administered to the player, not covered in our standard insurance policy.

Parent/Legal Guardian (Signature Required) \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

**SignalMtnYouthSports.com**

R E G I S T R A T I O N