

Medical Form

Child's Name: _____

MEDICATIONS: Is it necessary to administer medication (check one)? YES NO

Medications & Dosages: _____

All prescription medication MUST be in its original container with an accurate pharmacy label. OVER-THE-COUNTER medications must have written instructions by the parent/guardian.
All medication MUST be given to front office at the time of sign in!!

Allergies & Allergies To Medications: _____

Medical Conditions, even if controlled _____

Disabilities: _____

PLEASE READ ALL OF THE FOLLOWING VERY CAREFULLY:

- **A \$100 non-refundable (PER CHILD, PER WEEK) must be remitted along with this sign-up sheet to reserve your child's spot.** (Example: 1 child for 2 weeks = \$200 non-refundable deposit). The deposit will go towards your summer fee. **The entire remaining balance is due the first day your child is in the summer day program.**
- Checks should be made out to "Head Over Heels." Please include your child's name on each check.
- By signing below, the parent understands that if his or her child attends one day of the day program, that he or she is financially responsible for the entire week. We do not do any per day registrations.

Notice of Risk / Acknowledgement of Possibility of Injury
We, the staff of, owners and representative of FLGA Inc., d/b/a Head Over Heels Gymnastics, Head Over Heels Gymnastics LLC, Head Over Heels Gymnastics of Vestal, LLC, D & J of Ithaca, LLC, D & J of Horseheads, LLC, D & J of Vestal, LLC (collectively, "HOHG") recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics, tumbling and cheerleading can be dangerous and lead to injury!** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. HOHG, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. By signing this form, I acknowledge these risks of injury, and I agree that HOHG, its staff, owners and representatives will not be responsible for any such injuries.

Release and Waiver of Liability
With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by HOHG. I, my executors or other representatives, waive and release all rights and claims for injuries or damages that I or my child may have against HOHG and/or its staff, owners or representatives whether paid or volunteer. I also 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 protection and my own protection. I have read and also understand HOHG's registration information and policies. I also understand that it is the parents' responsibility to warn the child about dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. HOHG will only warn the child through "safety messages" and our teaching style and progressions.

Medical Emergencies - Permission to Treat
I fully understand that HOHG's staff, owners and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant consent and permission to HOHG's staff, owners and representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the HOHG staff to call our doctor and to seek medical help, including transportation by a HOHG 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 should the HOHG staff deem this to be necessary.

Parent's Signature: _____ Date: _____

Office Use Only

Total Due: _____ Deposit Received: _____ Pmt Method: _____ Date: _____ Confirmation Call: _____