

CHEERGYMS.COM, INC.
EMERGENCY MEDICAL INFORMATION
GYM NAME: _____

STUDENT NAME: _____ BIRTHDATE _____

STUDENT ADDRESS: _____ CITY/ST. _____ ZIP _____

STUDENT PHONE: _____ CELL PHONE _____ SS# _____

SCHOOL ATTENDING _____ E-MAIL ADDRESS _____

I CERTIFY THAT MY SON/DAUGHTER IS MENTALLY AND PHYSICALLY CAPABLE AND ABLE TO FULFILL THE REQUIREMENTS TO PARTICIPATE IN ANY CLASS, PERFORMANCE, TRIP AND/OR EVENT SPONSORED BY **CHEERGYMS.COM, INC.** AND IT'S AFFILIATES IN THE EVENT OF AN EMERGENCY OCCURRING WHILE MY SON/DAUGHTER IS AT **CHEERGYMS.COM, INC.** SPONSORED CLASS, PERFORMANCE, TRIP AND/OR EVENT, I GRANT PERMISSION TO **CHEERGYMS.COM, INC.** AND IT'S EMPLOYEES TO TAKE WHATEVER ACTION NECESSARY.

Parent initial

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE **CHEERGYMS.COM, INC.** AND IT'S EMPLOYEES TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

Parent initial

MOTHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____ SS# _____

MOTHER'S ADDRESS _____ CITY/ST. _____ ZIP _____

MOTHER'S EMPLOYER _____ WORK PHONE _____

ADDRESS _____ CITY/ST. _____ ZIP _____

FATHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____ SS# _____

FATHER'S ADDRESS _____ CITY/ST. _____ ZIP _____

FATHER'S EMPLOYER _____ WORK PHONE _____

ADDRESS _____ CITY/ST. _____ ZIP _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY

NAME _____ HM PHONE _____ WK PHONE _____

FAMILY DOCTOR _____ PHONE _____ KAISER# _____

INSURANCE CO. _____ POLICY # _____

MEDICAL INFORMATION

Heart Condition yes no Asthma yes no Diabetes yes no Allergies yes no Convulsions yes no

ALLERGIC TO _____

MEDICATION CURRENTLY TAKING _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL _____

PARENT/GUARDIAN SIGNATURE

DATE

2060 Commerce Ave., Concord, CA 94520 Phone: 866-685-7615 Fax 925-685-8899 www.cheergyms.com

Make sure you have the completed Release Agreement that must accompany this form.