

**AZARIAN GYMNASTICS EMERGENCY CONTACT AGREEMENT AND  
CONSENT TO PROVIDE CARE**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

Parent's Cell Phone # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Does your child have any pertinent medical history/allergies/medications?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT POLICIES**

\_\_\_\_\_ If your child is picked up later than 9pm, you will be charged \$10 every 10 minutes.

\_\_\_\_\_ If your child is present at Azarian Gymnastics after 9pm, the coaches will call the Main Emergency Contact from the Sign In Sheet. If the Main Emergency Contact cannot be reached by 9:20pm we will call the next Emergency Contact on the waiver. If neither party is reachable by 9:30pm, Azarian Gymnastics will then contact the Aliso Viejo Police Department for your child's pick up. This is for the safety of your child and all parties involved, including Azarian Gymnastics Staff.

**PARENT AND ATHLETE / PARTICIPANT UNDERSTANDING**

I understand participation in tumbling, fitness and gymnastic athletics can be extremely valuable experience for young people. Azarian U.S. Gymnastics Training Center, Inc. makes every reasonable attempt to employ qualified coaches, supply athletes with proper equipment and facilities, and provide athletes with opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, various surfaces, and other training and competitive conditions that can cause injury and / or death.

**ASSUMPTION OF RISK~WAIVER OF LIABILITY~MEDICAL AUTHORIZATION~ PHOTO RELEASE**

I, as the athlete and/or parent, recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including, but not limited to gymnastics, physical fitness training, tumbling, dance, and cheerleading. Being fully aware of such risks of injury, I hereby agree and/or give consent for my child(ren) to participate in any and all Azarian U.S. Gymnastics Training Center, Inc. programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child(ren)'s participation, I hereby, for myself or my child(ren) and our respective heirs and successors, FOREVER RELEASE Azarian U.S. Gymnastics Training Center, Inc., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of my child(ren)'s participation in all activities including those resulting from acts of negligence.

In the event of an accident or emergency, I hereby give my consent and/or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Azarian U.S. Gymnastics Training Center, Inc. and its representatives harmless in the execution of such transportation and treatment. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself and/or my child(ren) as a result of any injury sustained while in participation at or for Azarian U.S. Gymnastics Training Center, Inc. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used in Azarian U.S. Gymnastics Training Center publicity and advertising.

I have read and understood this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement below.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_