

SLGC Activity Night Waiver

Student Information				
1st Student	Gender	Age	D.O.B. _____/_____/____	Medical concern/Allergies
2nd Student	Gender	Age	D.O.B. _____/_____/____	Medical concern/Allergies
3rd Student	Gender	Age	D.O.B. _____/_____/____	Medical concern/Allergies
(____) _____	(____) _____	(____) _____		
Home Phone	_____ 's Cell	_____ 's Cell		
Parents' Names		Family E-Mail Address		
Home Address	City	State	Zip Code	
Can we use a picture of your child on our brochures or website? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Emergency Information		
All attempts will be made to contact the parent(s) or legal guardian first at all numbers listed above. Please list any other emergency contact person we could reach in case you are unavailable.		
Emergency Contact Person (other than parent)	Phone Number	Relationship

Acknowledgment of Risk, Waiver of Liability, Medical Authorization	
As legal guardian of _____ I hereby consent to have my child(ren) participate in programs offered by St. Louis Gym Centre. It is hereby agreed that I, my child(ren) adopted or ward, and my personal representatives, waive and release all rights and claims for damages that I or my child (ren) may have at any time against the Centre, its representatives, whether paid or volunteer; for any injury or damages in connection with the gym programs or any other activities related to the Centre. The risks involved in respect to such a program are fully understood by me and I sign this release voluntarily.	
PERMISSION FOR MEDICAL TREATMENT: I confirm that the person named above is in good physical health. I hereby authorize simple first aid and consent to any x-ray, exam or medical diagnosis which is deemed necessary.	
Parent's Signature	Date