

**CARTERSVILLE PARKS & RECREATION DEPARTMENT
GYMNASTICS REGISTRATION FORM**

FOR OFFICE USE ONLY

Program/Class: _____
Day: _____ Time: _____
Reg. Fee/NRF: _____ Program/Class: _____
Cash: _____ Check #: _____
BC: yes _____ no _____
City Resident: yes _____ no _____
Jersey/Shirt: Y _____ A _____

PLEASE PRINT

Activity: _____

Participant's Name: _____ Male _____ Female _____

Address: _____
Street _____ City _____ Zip _____

Age: _____ Birthdate: _____ School: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Does your child have a medical problem (such as illness, physical disability)? Please circle Y N ,If Yes, Explain

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City, ST Zip: _____

City, ST Zip: _____

Phone Number: _____

Phone Number: _____

Cell Number: _____

Cell Number: _____

E-mail Address: _____

E-mail Address: _____

Employer: _____

Employer: _____

Phone: _____ Ext. _____

Phone: _____ Ext. _____

Do you live inside the city limits of Cartersville? YES _____ NO _____

I, the parent of the above named boy/girl, hereby give my permission for his/her participation in Cartersville Parks & Recreation Department-sponsored activities. I assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I so further hereby release, absolve, identify, and hold harmless the Cartersville Parks & Recreation Department, the organizers of the activity, sponsor, the supervisors, any or all of them. In case of injury to my son/daughter, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my son/daughter, to or from any activity, or to the doctor or hospital in case of injury.

All above holds true for as long as my son/daughter participates in any Cartersville Parks & Recreation Department-sponsored activity.

Parent's Signature: _____ Date: _____

If I cannot be reached in the event of an accidental injury to my son/daughter, _____, I give supervisor permission to have first aid treatment begun at Cartersville Medical Center or the nearest medical facility.

LOCAL DOCTOR'S NAME: _____ PHONE _____

OUT-OF-TOWN DOCTOR'S NAME (if applicable) _____ PHONE _____

Cartersville Recreation Gymnastics

Assumption of Risk Statement

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings of falls on the back, neck or head.

OUR GOAL:

To help the participant have "FUN" while learning gymnastics skills in as a safe an environment as we can provide

PHILOSOPHY:

To develop young minds and bodies while instilling confidence and building self-esteem through a fitness-oriented program

TOOLS:

An excellent facility (11,840 sq. ft.) with quality equipment including: in-ground foam training pit

PERSONNEL:

Trained and caring instructors. The City of Cartersville realizes the importance of education for instructors to provide a quality program for its constituents. The instructors train on-site and attend clinics, seminars, regional and national congresses under the auspices of USA Gymnastics and the Georgia Gymnastics Coaches Association. As USA Gymnastics professionals, the instructors receive periodicals that keep them up-to-date on requirements, changes in routines or policies and innovative teaching techniques and safety procedures .

GYMNASTICS:

The range of injuries suffered by gymnasts is as wide as the human experience with the rest of life, running from inconsequential cuts and bruises to permanent paralysis or even death and everything in between in some ways, gymnastics is less "violent" than contact sports, like football, because forceful contact between individuals is not an element of the sport. On the other hand, few sports require the participant to invert the body while in the air. As a result, the chances of an inverted landing on the head, neck or back and the potential for neurological injury are higher than in a sport where the body does not invert during the activity. It is clear, however, that no amount of care or precaution will eliminate injury form gymnastics or any other athletic activity. No athlete can blithely enter a sport unaware of the unavoidable risk inherent in athletic activity. No teacher or coach can expect (or, more importantly can be expected) to guarantee the safety of his or her gymnast. The goal is to achieve a reasonable degree of safety that is consistent with the nature of the activity itself and both the skill level and the performance goals of the gymnast.

Understanding the above risks I, _____, hereby give my child/ward, _____, permission to participate in the Gymnastics program of the City of Cartersville, Parks & Recreation Department.

Date _____