

HealthQuest Gymnastics Team Tryout Registration Form

Participant's Name:		
DOB:	Age:	Current Gymnastics Level:
Mother's Name:		
Home Phone:		
Cell Phone:		
Email:		
Father's Name:		
Home Phone:		
Cell Phone:		
How did you hear about Tryouts?		
Email:		
FOR HQ STAFF:		
Tryout Date:	Score:	Pass: YES NO
Notes:		

HEALTHQUEST TRYOUT PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL GYMNASTICS TEAM TRYOUT ACTIVITIES. HE/SHE is in good health and may participate fully.

By giving my child (name) _____ permission to participate in all HQ Gymnastics Team Tryout activities, I acknowledge that any activity involving height and motion (such as gymnastics and dance) involves risk of injury, ranging from minor injuries (such as bruises and sprains) to serious or even catastrophic injuries (such as permanent paralysis) or even death. I hereby release the HealthQuest of Central Jersey L.L.C, Gymnastics Team Coaches, Instructors, Agents, Employees, and Owners from any claims for damages persons or property which might arise as a result of an accident occurring while (name) _____ is participating in the HealthQuest of Central Jersey L.L.C, Gymnastics Program, including tryouts, class participation, shows, and competitions, and the transportation to such shows and competitions.

In case of a medical emergency, I authorize HealthQuest of Central Jersey, L.L.C, Staff, Gymnastics Administration, the Head Gymnastics Coach, or other assigned personnel to seek emergency medical care of my child as deemed necessary by the HealthQuest of Central Jersey L.L.C, Administration, the Head Coach and/or medical professional.

PARENT'S SIGNATURE

DATE
