



Open Gym Medical Waiver/Release Form

Basic Information

Name: _____ Date of Birth: ___/___/_____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Parent/Guardian: _____
Phone: H - _____ C - _____ W - _____
Email: _____

Does the attending athlete reside at your address? (circle one) Yes No

Insurance Information

Name of Insured: _____ Relationship to Athlete: _____
Employer's Name: _____
Insurance Company: _____
Policy #: _____ Group #: _____

___ Uninsured (Parent/Legal Guardian(s) assume ALL financial and medical responsibility for athlete(s) in the case of injury)

I certify that _____ is physically capable and able to fulfill requirements needed to participate in the open gym time as offered by Storm Elite All Stars, LLC. I further understand this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any activity that they participate in during their time at open gym when either parent cannot be reached.

The undersigned as parent/guardian gives consent for the participant to engage in the physical activity that will be conducted during open gym at Storm Elite All Stars. The undersigned also understands that while it is mandated that conduct during open gym be done in a safe and mature manner, at times athletes choose to participate in inappropriate conduct.

Statement of Hazards in participating in Athletics/Cheer/Tumbling: Both athlete and parent/legal guardian must read carefully!!

We are aware that practicing, helping with or participating in any manner in any athletic activity or sport can be a dangerous activity involving many risks of injury. We the staff of Storm Elite All Stars recognize our obligation to make our clients aware of the risks and hazards associated with the activities associated with participating in open gym (stunting, tumbling, etc.).

Because of the dangers of participating in any athletic activity or sport, I (the athlete) recognize the importance of following supervisors' instructions regarding techniques, participation, training and gym rules, etc., and I agree to obey such instructions, mindful of safe practices and the desirability of avoiding injury.

We (athlete and parent/legal guardian) state that we have read the above statements and understand the implication of it and will abide by it. We (athlete and parent/legal guardian) also understand and agree to respect the rules as laid out to the athlete during the commencement of open gyms on the property of Storm Elite All Stars.

Athlete: _____ Date: ___/___/_____

Parent/Legal Guardian: _____ Date: ___/___/_____

Medical Treatment Release Form

I fully understand that Storm Elite All Stars and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of Storm Elite All Stars to render temporary first aid to my athlete(s) in the event of an emergency or non-emergency situation requiring medical treatment and if deemed necessary by the staff of Storm Elite All Stars to call a doctor and seek medical help including transportation to any health care facility or hospital, or calling an ambulance for my athlete should the staff deem it necessary.

Parent/Legal Guardian: _____ Date: ___/___/_____