

# Philadelphia Boys' Gymnastics Medical History and Liability Release Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Parents' names: \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Second emergency contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

## PAST MEDICAL HISTORY: (Check Any Box Which Applies)

\_\_\_\_\_ Asthma      \_\_\_\_\_ Sinusitis      \_\_\_\_\_ Bronchitis      \_\_\_\_\_ Kidney Trouble      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Heart Trouble      \_\_\_\_\_ Dizziness      \_\_\_\_\_ Stomach Upset      \_\_\_\_\_ Hay Fever      \_\_\_\_\_ Other

LIST OTHER: \_\_\_\_\_

## ALLERGIES:

Food: \_\_\_\_\_

Penicillin or other Drugs (Name): \_\_\_\_\_

Insect Bites/Stings: \_\_\_\_\_

Previous Operations or Serious Illness: \_\_\_\_\_

Any Current medications (List): \_\_\_\_\_

## PERSON/S AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENTS):

Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

## PERMISSION FOR TREATMENT:

In an event of an emergency, we understand that every effort will be made to contact us. If we cannot be reached, we give permission to the physician selected by the staff of Philadelphia Boys' Gymnastics to provide proper and timely treatment for my/our child.

## LIABILITY RELEASE:

I/We, the undersigned Parents(s)/Guardians(s), hereby authorize our son to attend all Philadelphia Boys' Gymnastics activities. While no injuries are expected, I understand that with this type of activity, an injury may occur. In consideration of my child(ren) being allowed to participate in this activity, I/We hereby release, hold harmless and forever discharge Philadelphia Boys' Gymnastics and each and every member officer, agent, and employee from all claims, causes of actions or demands of every kind against any of them which I may have in the future or that any person claiming through me may have in the future by reason of any accident, sickness or injury to myself or any member of my family or guest during the course of any activity or while traveling to or from the site of the activity.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** Philadelphia Boys' Gymnastics c/o Fred Turoff  
Pearson Hall 230 1800 N. Broad Street Philadelphia, PA 19122

**OR BRING TO CLASS.**