



OHG AUSTIN GYMNASTICS



www.ohgAustin.com

STUDENT INFORMATION & WAIVER FORM

OHG Austin

222 Park 35 Cove North • Buda, TX 78610

1-800-906-FLIP

Student: _____ Age: ____ Sex: ____ D.O.B. __/__/__

Student: _____ Age: ____ Sex: ____ D.O.B. __/__/__

Student: _____ Age: ____ Sex: ____ D.O.B. __/__/__

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Phone Numbers:

Home: _____ Mother's Cell : _____

Mother's Work: _____ Father's Cell: _____

Father's Work: _____ Emergency : _____

How did you hear about us? _____

| | |
|--|-----|
| <i>For Office Use Only:</i> | CP |
| Registration Dates: __/__/__ Check # / Cash: ____ | PAY |
| Monthly: Fee: _____ Registration Fee: _____ Total: _____ | RB |
| Class: _____ Day: _____ Time: _____ Coach: _____ | PB |
| Class: _____ Day: _____ Time: _____ Coach: _____ | |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Signature of parent or legal guardian: _____

Child's Physician: _____ Phone #: _____

Any known medical problems: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if necessary. OHG Austin Gymnastics and staff cannot be held liable for injuries that occur on gym premises or other wise in the care of OHG Austin personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my child while at OHG Austin and hereby agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program.

I have read and agree to abide with all the guidelines.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

