Funkadelic Competition – March 18th, 2018

Fun Meet Liability Waiver

Any activity involving motion or height may cause serious accidental injury, paralysis or possible death. All gymnasts, parents, guests, relatives and guardians agree to abide by the rules and regulations set by Troy Gymnastics (posted on the walls and verbally communicated by staff) for the health, safety, and welfare of the participant. The Michigan Department of Community Health requires all athletes to be aware of the possibility of concussions while participating in sports.

Parents and guardians must review the following information with their child: A concussion is a type of brain injury caused by a bump, blow, or jolt to the head that changes the way the brain normally functions. Signs and symptoms of a concussion can include but are not limited to: headache, feeling pressure, nausea, vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light or noise, feeling, hazy, foggy, groggy, problems concentrating, memory issues, confusion, or just not "feeling right", appearing dazed, stunned, confused, clumsy, forgetful, having mood/behavior changes, one pupil larger than the other, being drowsy, feeling weak/numb, decreased coordination, vomiting, nausea, slurred speech, convulsion, seizures, or loss of consciousness. If a coach suspects a child/athlete has a concussion, he/she will be removed from play immediately. We recommend that parents/guardians follow up with their doctor if any concussion is suspected.

In addition, in case of medical emergency, I hereby give my permission via my signature below to hospitalize and secure proper treatment for the participant/s below. I hereby release Troy Gymnastics, its coaches, staff and ownership from all liability due to accidents occurring before, during or after the gymnastic instruction at the club. I further realize that Troy Gymnastics carries only liability and secondary insurance medical coverage, and that my participant/s is covered with the appropriate medical insurance needed. In signing this document, I irrevocably state that I fully understand the terms and conditions set forth by Troy Gymnastics.

All information below must be completed and presented to the Troy Gymnastics staff to participate.

Participants Name	Birthday	Parent/Guardian Print Full Name	Parent/Guardian Signature	Street Address	City	Zip	Phone

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Fun Meet Entry Form

Participants Name	Birthday	LEVEL DM	LEVEL TU	LEVEL TR	Entry Fee
Jane Smith	1/2/10	Level 2	Level 3	Level 3	$50
					Total: