

\$35

**Please complete form & return to us with
Registration fee to reserve class space**

Entry Date _____
(month & year 1st attended P.A.C.)

Prime Athletics Center, LLC
227 Beaver Drive, DuBois, PA 15801
(814) 541-1385

Student Information Form

Student's Name: _____

Birthdate ____/____/____ Last _____ First _____ Middle _____
Age _____ Sex (M) (FM)

Class _____ Day(s) _____ Time _____

Home Phone # (____) _____ - _____ Work (____) _____ - _____ Other (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Parent Name _____ Parent Name _____

Parent Employer _____ Parent Employer _____

E-mail Address:

CC#: _____ - _____ - _____ - _____ CCV: _____ Exp: ____/____/____ Billing Zip: _____

***If tuition is more than 2 weeks behind your credit card will be charged tuition amount, a \$10 late fee and processing fee**

Child's Previous Experience:

Use space below to list other children who are enrolled in classes:

EMERGENCY MEDICAL TREATMENT STATEMENT

I, the parent of _____, understand that my signature on this form gives my consent to the staff or those representing the Prime Athletics Center, LLC to transport my child (and or ward) to a hospital or call an ambulance so that emergency care can be given. I give my permission to administer emergency care.

Parent Name _____ Signature _____

Who to contact so we may act quickly in the event of an accident

Name/Relation _____ Phone # (____) _____ - _____ Name/

Relation _____ Phone # (____) _____ - _____ Doctor's

Name _____ Phone # (____) _____ - _____ Medical Insurance

Co. _____ Policy # _____

IMMUNIZATIONS

Polio vaccine, MVR(measles,mumps), HepatitisB, DTP/DTaP/DT/Td, MCV(meningococcal),
Varicella(chickenpox)

Vaccines Current? ____ YES ____ NO ____ Exempt

**U S A GYMNASTICS
MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT**

In CONSIDERATION of membership in the U S A Gymnastics, hereafter referred to as the "USAG", and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USAG and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all U S A Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
 - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the USAG, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs.
6. I/we understand that **Prime Athletics Center, LLC** (PAC) from time to time, produces promotional material about its programs. We understand that as a participant the above mentioned minor may be included in videotape or photographs taken at the gym or other venues. We hereby grant to PAC, the right to photograph and or video tape participant and further utilize participant's name, face and likeness, as part of the program, and in advertising and promoting the program, without reservation or limitation.
7. Consent and Assumption of risk applies to adult participants/volunteers.

I/WE HAVE READ THE ABOVE WAIVER.

Parent, Guardian, Self (Signature/Relationship)

Date

Parent, Guardian, Self (Signature/Relationship)

Date

Printed Name of Participant: _____

Address of Participant: _____

Printed Name(s) of Parent(s) or Guardian(s): _____

Member Institution: **Prime Athletics Center, LLC** City: **DuBois**

Directions: Check () the appropriate space for yes or no. Some "yes" answers require explanations.

YES NO

GENERAL

- ___ ___ Are you aware through your own experiences or a doctor's advice of any physical reason against you having physical activity or exercising without medical supervision? _____
- ___ ___ Are you currently taking any medications? If so, list them here: _____
- ___ ___ Do you have chest pain brought on by physical activity? _____
- ___ ___ Have you had any chest pain in the last month? _____
- ___ ___ Do you have allergies to foods/drugs/ insects (aspirin, bees, etc.)? If so, list them here _____
- ___ ___ Do you have any chronic or uncontrolled ailments (such as asthma, hypoglycemia, etc.)? If so, list them here: _____
- ___ ___ Have you had any serious illness in the last two years? If so, list them here: _____
- ___ ___ Has a doctor detected a heart condition and recommended only medically supervised physical activity? _____
- ___ ___ Have you ever had any surgery? If so, list here: _____
- ___ ___ Do you have a history of liver, spleen and/or kidney disorder or detached retina? _____
- ___ ___ Do you have any missing body parts (eye, kidney, etc.)? _____
- ___ ___ Have you ever been told that you have a hernia? If so, is it repaired (please give the date)? _____
- ___ ___ Have you ever had any problems with heat (stroke, exhaustion, etc.)? _____
- ___ ___ Do you have frequent nausea and/or vomiting? _____
- ___ ___ Do you tend to lose consciousness or fall over as a result of dizziness? _____
- ___ ___ Do you ever faint? _____
- ___ ___ Do you get frequent and severe headaches? _____
- ___ ___ Have you ever had a concussion? Please provide release dates here _____
- ___ ___ Have you ever had a head injury? _____
- ___ ___ Have you ever had a neck injury? _____
- ___ ___ Have you ever had seizures, epilepsy or convulsive disorders? If so, list date of most recent seizure here. _____
- ___ ___ Have you ever been treated for diabetes? _____
- ___ ___ Do you have a heart murmur or high blood pressure? If so, please list medications prescribed for heart condition or blood pressure. _____
- ___ ___ Have you ever been told that you were anemic? _____
- ___ ___ Do you have an infectious skin disorder? _____

BONE AND JOINT

- ___ ___ Do you think your back is weak?
- ___ ___ Have you ever injured your back? If so, did you seek the advice or care of a Medical Doctor? _____

YES NO

- ___ ___ Do you experience pain in your back? If so, indicate the frequency with which you experience pain by underscoring the answer: **VERY SELDOM / OCCASIONALLY / FREQUENTLY / ONLY ON VIGOROUS EXERCISE / HEAVY LIFTING**
- ___ ___ Do you have scoliosis?
- ___ ___ Do you have spondylolysis (stress fracture of the lower back)?
- ___ ___ Have you had a shoulder dislocation, separation or other shoulder injury during the past two years that incapacitated you for a week or longer?
- ___ ___ Have you been advised to have surgery to correct a shoulder condition? If so, give dates _____
- ___ ___ Have you ever experienced a severe sprain, dislocation, or fracture to either elbow during the past two years? If so, give dates: _____
- ___ ___ Do you get chronic elbow pain?
- ___ ___ Have you ever had an elbow dislocation?
- ___ ___ Do you get chronic wrist pain?
- ___ ___ Have you experienced a strain to either knee during the past two years with severe swelling accompanying the injury?
- ___ ___ Have you had tendinitis about the knee?
- ___ ___ Have you ever been told that you injured the ligaments of either knee?
- ___ ___ Have you ever been told that you injured the cartilage of either knee joint?
- ___ ___ Have you ever been told that you have a "trick" knee?
- ___ ___ Have you ever dislocated your patella (kneecap)?
- ___ ___ Have you ever been advised to have surgery to a knee to correct a condition? If so, give dates: _____
- ___ ___ Have you ever had shin splints or a stress fracture in your leg?
- ___ ___ Have you ever had any foot problems before?
- ___ ___ Have you had, or do you have, pain in your feet while walking, running, or standing?
- ___ ___ Do you have leg cramps at night?
- ___ ___ Have you had occasional hamstring muscle strains/pulls?
- ___ ___ Do you have weak ankles and have you ever sprained your ankles?
- ___ ___ Do you get frequent ankle sprains?
- ___ ___ Have you had any surgery which was performed or recommended on your feet?

EARS, NOSE, THROAT, AND DENTAL

- ___ ___ Do you have frequent nosebleeds?
- ___ ___ Do you have frequent sore throats?
- ___ ___ Do you have frequent ear infections?
- ___ ___ Have you been treated for infectious mononucleosis, viral pneumonia or another infectious disease during the past year? If so, list dates: _____
- ___ ___ Have you noticed decreased hearing in either ear?
- ___ ___ Do you wear any dental appliance (braces, permanent bridges, etc.)? If so, please list here: _____
- ___ ___ Do you have poor vision in either eye?
- ___ ___ Do you wear glasses or contact lenses? If contacts, soft or hard? _____