

RCCG CONTACT FORM

All correspondence is done via e-mail, text and Facebook—please print clearly!

Athlete's Name:

DOB: _____ Gender:

Parent/Guardian

Names: _____

Address:

_____ City/State/Zip: _____

Primary (Billing) E-

Mail: _____

Secondary (Billing) E-Mail:

Home Phone () _____ Primary Cell: () _____

Additional E-Mails (to receive updates & information regarding the teams):

Name: _____ Email:

Name: _____ Email:

Additional Cell Phones (to receive text alerts; to-the-minute competition information & reminders)

Name: _____ Cell Phone:

Name: _____ Cell Phone:

Any intolerance to medications, previous illnesses or injuries the staff should be aware of: _____

PLEASE READ & SIGN:

I fully understand that my son/daughter is mentally and physically capable and able to fulfill the requirements to participate in any class, performance, trip and/or event sponsored by RCCG. In the event of an emergency occurring while my son/daughter is at a RCCG sponsored class, performance, trip and/or event, I grant permission to RCCG and its employees to take whatever action necessary, and if deemed necessary by the staff to call a doctor and seek medical help, including transportation by a staff member or its representatives whether paid or volunteer, to any health care facility or hospital or the calling of an ambulance for the child. I understand that RCCG will not be held liable for any non-negligent accidents that occur because gymnastics, tumbling and cheerleading are potentially dangerous and catastrophic.

I also understand that my child's pictures may be published on the River City Cheer & Gymnastics website, commercial aids, and reproduced and used in other various forms.

Parent/Guardian Initial _____

In the event that I cannot be reached, I hereby authorize RCCG and its employees to give consent for my son/daughter to receive medical treatment.

Parent/Guardian Initial _____

Parent/Guardian Signature: _____ **Date:** _____