



**EMPIRE ALL STAR CHEERLEADING & GYMNASTICS
Class Registration and Medical Form 2021-2022**



Athlete's Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Class Day/Time Choice 1 _____ Class Day/Time Choice 2 _____

Guardian 1's Name _____ Guardian 2's Name _____

Guardian 1's Cell Phone () _____ Guardian 2's Cell Phone () _____

Guardian 1's Email _____ Guardian 2's Email _____

EMERGENCY CONTACT: Name _____ Relationship _____ Phone () _____

MEDICAL HISTORY

Family Physician _____ Date of Last Physical Exam _____ Phone Number () _____

Current Insurance Carrier _____ Policy Number _____

Recent Injuries _____ Date ___/___/___ Recent Injuries _____ Date ___/___/___

Allergies _____ Currently Prescribed Medications _____

Does Your Child Have Any Medical Conditions We Should Know About? (If Yes, Please Explain) _____

**** In Case of an Emergency, please indicate your HOSPITAL PREFERENCE (Check One) ****

_____ Hospital of Central CT – New Britain (3 miles – 7 min) _____ Middlesex Hospital (10 miles – 16 min)

_____ CCMC (CT Children's Medical Center 14 miles – 19 min)

_____ St Francis Hospital (14 miles – 19 min) _____ Hartford Hospital (14 miles – 20 min)

_____ Yale New Haven Hospital (30 miles – 36 min) _____ Other (Please Specify) _____

Emergency Procedure Authorization

Minor & Moderate Injury – I understand that a staff member will administer first aid and that I will be called immediately and informed of the incident.

Severe Injury Requiring Emergency Room Care – I understand that my child will be taken to the hospital preference that I have indicated above. If I have not checked a hospital preference, I understand that my child will be taken (by ambulance) to the nearest hospital emergency room. An emergency room physician will evaluate and treat my child accordingly. I will be called immediately and informed of the incident as soon as possible.

How did you hear about us? _____

***Periodically, we will be taking pictures or videos to be posted on our Website, Print Media, & Social Media (Facebook, Twitter, Instagram & YouTube). **Please indicate on the line below if you DO NOT want EMPIRE to take or use any pictures of your child for any social media purposes.** Thank You!

_____ **NO, I DO NOT WANT ANY PICTURES OR VIDEOS TAKEN OF MY CHILD.**

Parent's Name (Please Print) _____

Parent's Signature _____

Date _____