



Gym South Waiver Form

Today's date: _____

Child's Name: _____ Birth date: _____

Please check one: Male Female Home Phone #: _____

Address: _____ Mother's work #: _____

City: _____ Zip: _____ Father's work #: _____

Mother's Name: _____ Cell phone #: _____

Father's Name: _____ Email: _____

Person to contact if parent is unavailable:

Name: _____ Relationship: _____ Phone #: _____

Other family members enrolled at Gym South: _____

Family Doctor: _____ Dr.'s #: _____

Medical Insurance Co: _____ Policy # _____

I certify that my child, _____ has had a physical exam in the past year / / and is in good physical health. I have been informed that J.R. & S.T Inc. (Gym South) does not carry a supplemental insurance policy and that it is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion, height or water creates the possibility of serious injury. I agree that Gym South may approve transport in case of an emergency. Also, my child may have his\her picture taken during activities where appropriate.

Signed: _____

Date: _____