



**EMPIRE ALL STAR CHEERLEADING & GYMNASTICS**  
**Class Registration and Medical Form 2020-2021**



*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**