

# GLOVERTOWN HURRICANES GYMNASTICS CLUB

10 Penney's Brook Rd, Glovertown NL, A0G 2L0

Phone: 709-533-8668

Email: [glovertowngymnastics@gmail.com](mailto:glovertowngymnastics@gmail.com)

Website: <https://glovertownhurricanes.uplifterinc.com/>



## Acknowledgement of Risk, Consent to Participate, and Medical Authorization

### Participant Information

Child's Name: \_\_\_\_\_

#### 1. Consent to Participate

I, the undersigned parent/guardian, give permission for my child to participate in recreational and/or competitive programs offered by the Glovertown Hurricanes Gymnastics Club.

\_\_\_\_\_ I Consent

\_\_\_\_\_ I Do Not Consent

#### 2. Acknowledgement of Risk

I understand that participation in gymnastics and related physical activities involves inherent risks, including the potential for injury. I acknowledge that the Glovertown Hurricanes Gymnastics Club and Gymnastics Newfoundland and Labrador (GNL) strive to provide a safe and supervised environment. I further understand that all participants are expected to follow established rules, policies, and coach instructions at all times to help minimize risk.

\_\_\_\_\_ I Acknowledge and Consent

\_\_\_\_\_ I Do Not Consent

#### 3. Medical Authorization

In the event of an injury or medical emergency involving my child, I authorize the Glovertown Hurricanes Gymnastics Club to seek appropriate medical attention. If I or the listed emergency contact cannot be reached, I consent to an authorized representative of the club providing consent for necessary emergency medical treatment, as recommended by qualified medical personnel.

\_\_\_\_\_ I Consent

\_\_\_\_\_ I Do Not Consent

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### Acknowledgement and Signature

I confirm that I have read and understand this document. I have had the opportunity to ask questions and receive clarification.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_