



## **Emergency Contact Information**

**In case of an emergency please call:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Relation to Gymnast: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Relation to Gymnast: \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_