



# Assumption of Risk Medical Consent Form

3191 N. Studley Road / North Platte, NE 69101 / 308-532-3882  
[legacystudiooffice@gmail.com](mailto:legacystudiooffice@gmail.com) [www.legacydanceandgym.com](http://www.legacydanceandgym.com)

**Please read carefully. Your signature acknowledges that you have read and understand the items listed below.**

### ASSUMPTION OF RISK

Dance, gymnastics, and cheer carry a risk of physical injury or illness. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death. Illness and/or exposure to illness is possible with any activity. Even with the best instruction, the use of the best protective equipment and strict observance of rules, injuries or illnesses of all degrees are still a possibility. By choosing to participate at Legacy Dance & Gymnastics, each student and family has been forewarned of the danger involved. I certify that I have read the above statements and have been notified of the risks in dance, gymnastics, and cheer. I do not hold the coaches, instructors, directors, owners, or other employees of Legacy Dance & Gymnastics responsible for any injury, illness, or death suffered while on these premises.

### AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR

The undersigned, as a parent or legal guardian, hereby authorizes Legacy Dance & Gymnastics and its delegated leaders and directors to obtain all necessary medical assistance in the event of any emergency, including the care of a physician and/or hospital. I authorize consent for any medical treatment, transportation by ambulance, and/or hospital care to be rendered to said minor upon advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Legacy Dance & Gymnastics will attempt, but are not required, to communicate with me prior to such treatment. The undersigned further agrees that Legacy Dance & Gymnastics and its designated leaders and directors are not legally or financially liable for any injury, illness or treatment incurred in connection with any authorized event. **All students must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the student or student's family.** In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named student's participation in the program as outlined on the registration form, which I have read.

### MEDIA RELEASE

I understand that photography may be used at any class or event. I further agree to release all photos and/or videos taken by Legacy staff to be used for advertising, display, website or any other publication.

### INFORMATION RELEASE

No personal information regarding contact information, class schedules, competitions, etc., will be released to individuals not listed on your registration form.

\_\_\_\_\_  
PARENT OR GUARDIAN NAME (Printed)

\_\_\_\_\_  
STUDENT(S) NAME

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

#### Please Complete the Following:

Medical Insurance Company \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

#### Contact Person Other Than Parent In Case of Emergency:

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

Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

#### Please check any of the following, which are deemed necessary, for our records:

\_\_\_\_\_ Glasses

\_\_\_\_\_ Epilepsy

\_\_\_\_\_ Asthma

\_\_\_\_\_ Allergies (please be specific) \_\_\_\_\_

Food Allergies (please be specific) \_\_\_\_\_

\_\_\_\_\_ Hard of Hearing

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Daily Medication (please describe)

\_\_\_\_\_ Orthopedic information \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**(SEE REVERSE SIDE FOR WAIVER SIGNATURE)**



# Safety Rules and Warnings

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***Please read carefully. Your signature acknowledges that you have read and understand the items listed below.***

## DRESS CODE

Students are expected to wear clothing that allows for total unrestricted movement. We request absolutely no jeans or shorts that do not stretch; no zippers, snaps, or buckles; no big shirts; no jewelry of any kind. **Hair must be pulled back.** Bra straps should be covered.

### GIRLS IN GYMNASTICS, DANCE, and CHEER

- Leotards must be worn in every class. **NO EXCEPTIONS.** Sports bras and shorts are not acceptable.

### BOYS IN GYMNASTICS

- Gym shorts and a t-shirt (that can be tucked in).

### NINJA MONKEY CLASS

- Ninja Monkey t-shirt and achieve sleeve.
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## RULES

1. All students must have an updated registration and medical form on file in order to participate in class.
2. Only **water** is allowed in the studios. All other beverages must be kept in the hallways. No gum is allowed in the building.
3. Parents must supervise young children while in the waiting area before and after class. There is **NO SUPERVISION** on the Legacy Playground or surrounding property. All outdoor play is at your own risk.
4. Students/Parents agree to abide by dress code as instructed.
5. Leave all valuables at home. Legacy Dance & Gymnastics is not responsible for lost or stolen items. Please bring a bag for all of your belongings.
6. The gymnastics/dance area is closed when class is not in session. **NO** person is permitted to enter the gym or studio unless a Legacy instructor is present.
7. Report any injuries or problems to the class supervisor or to the office staff.
8. Parents are welcome to visit but must remain in the observation area at all times. Conversation with your child during class is discouraged as it interferes with concentration and the instruction of the entire class.
9. Student cell phones are not allowed for use during class. Please leave phones in your bag.
10. Please arrive for class not more than 15 minutes before class begins and pick up your child not more than 15 minutes after class ends.
11. Legacy Dance & Gymnastics will **NOT** tolerate bullying or harassment of any kind.
12. **All students must remain inside the building as they wait for their ride. For safety reasons, nobody will be allowed to wait outside. Legacy is not responsible for children that do not follow this rule.**
13. Legacy **DOES NOT** offer refunds or credits due to inclement weather, illness, or other absences.
14. **Legacy requires a 2 week notice to drop a class** as we need time to fill your space. You will be charged your fee regardless if you choose to attend or not attend classes for those 2 weeks.

I understand the above rules and have explained them to my child.

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PARENT OR GUARDIAN SIGNATURE

STUDENT(S) NAME(S)

DATE