

**Bieger International Gymnastics**

**Tel: (954) 426-3930**

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**MEDICAL INFORMATION FORM**

Please answer the following questions:

Have you had any operations during the past two years? \_\_\_\_\_

If yes, indicate the anatomical site and type of operation and date: \_\_\_\_\_

Are you currently on any prescribed medications or drugs, on a permanent or semi-permanent basis?

\_\_\_\_\_

If yes indicate the name of the drug and how it is prescribed:

\_\_\_\_\_

Are you allergic to any general medication? \_\_\_\_\_

If yes, what medications/? \_\_\_\_\_

If I need to I can take \_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol

Date of most recent tetanus immunization: \_\_\_\_\_

Have you had a fracture during the past two years? \_\_\_\_\_

If yes, indicate site of fracture and date: \_\_\_\_\_

Have you ever had an injury to your back? \_\_\_\_\_

Have you ever experienced a strain to either knee during the past two years with severe swelling accompanying the injury? \_\_\_\_\_

Do you have weak ankles and/or have you ever previously sprained your ankle(s)?

\_\_\_\_\_

Do you have any other allergies and/or medical problem we should be aware of? \_\_\_\_\_

If yes, please list in detail: \_\_\_\_\_

I will both physically and mentally prepare myself for workouts, exhibitions, and meets. Prior to participation I will practice the exercises that I plan to perform, and will perform those exercises only if I have done so on more than one occasion without suffering injury.

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in gymnastics. I further agree that BIEGER INTERNATIONAL GYMNASTICS, INC along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of my participation.

Is there any reason you feel your son or daughter should not participate in gymnastics?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

All of the above questions have been answered completely and truthfully to the best of our knowledge.

\_\_\_\_\_  
Participant Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ or Legal Guardian Date: \_\_\_\_\_