



NUNAWADING GYMNASTICS AND SPORTS CLUB INC.

REG. No. A0095333G ABN 99 529 711 655
413-425 Whitehorse Road
Nunawading Vic 3131

MEDICAL INFORMATION & WAIVER FORM

Gymnastics participation involves activities which can be physically and mentally demanding. As such, participants must be free of any medical or physical conditions, which might create an unnecessary risk to themselves, other participants or Coaches.

If there is any doubt whatsoever about your ability to safely participate in gymnastics, we request that you seek a medical clearance by your General Practitioner or physician. NG&SC may also request a physician's consent if a pre-existing condition is present.

As the gymnast, parent/s or guardian, you must declare any physical disabilities, conditions, past injuries or any other medical issues, which may limit the gymnasts participation:

The undersigned formally acknowledges and declares the following:

- I understand that participation in Gymnastics at NG&SC may result in injury, as there are certain inherent risks involved in this sport;
- I understand NG&SC cannot be held responsible for any injuries or conditions, which may be caused by the actions of other athletes or teams;
- I agree that it is my responsibility to be familiar with the physical and/or mental demands associated with Gymnastics;
- I have consulted with my physician about participating in gymnastics if I display any physical or medical condition which may interfere with my ability to participate in this sport;
- I accept that NG&SC and its staff are not to be held responsible for any pre-existing medical condition(s);
- I understand that I must wear the proper clothing as dictated by the rules of the sport.



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