***ULTIMATE GYMNASTICS***

***Health History***

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |
| Date of Birth |  |
| Home Phone |  |
| Cell Phones |  |
| Emergency Contact-Name & Phone | 1) |
| 2) |
| 3) |
| 4) |
| In case of emergency, and parent/guardian is not present, what hospital do you want your child to go to? |  |
| Does your child have any physical limitations or special needs/diagnosis? | YESNO | Please describe |  |
| Current Medications | 1) |
| 2) |
| 3) |
| 4) |
| Allergies/Reaction |  |
|  |
|  |
|  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature |  |
| Date |  |