



PERMISSION TO PARTICIPATE

Child's Name: _____ D.O.B.: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ E-mail: _____ @ _____

Mom's Cell Phone: (____) _____ - _____

Dad's Cell Phone: (____) _____ - _____

Mom's Work Phone: (____) _____ - _____

Dad's Work Phone: (____) _____ - _____



Child's School: _____ Grade _____

NOTE: By completing this permission slip you are automatically entered into a monthly drawing to win Gymnastix prizes. Winners will be notified by email only.

Birthday Child's Name: _____ Date & Time of Party: _____

WAIVER and RELEASE of LIABILITY

I fully understand that **Gymnastix Training Center** staff members are not physicians or medical practitioners of any kind. I hereby release the **Gymnastix Training Center** staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the **Gymnastix Training Center** staff to call our doctor and to seek medical help, including transportation by a **Gymnastix Training Center** staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the **Gymnastix Training Center** staff deem this to be necessary.

We, the staff of **Gymnastix Training Center** recognize our obligation to make our students and their parents aware of the risks and the hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The **Gymnastix Training Center**, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by **Gymnastix Training Center**. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the **Gymnastix Training Center** and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. **Gymnastix Training Center** will warn the child through "Safety Messages" and our teaching style and progressions.

I, the Parent or Guardian of the listed child, understanding and consenting to all the guidelines and stipulations listed above; do give permission for my child to participate in activities at Gymnastix Training Center. In addition, I allow the use of my child's name and/or picture to be used in marketing or promotional activities.

Parent or Guardian Signature: _____ Date: ____/____/____