



****Please note: In order for your child to participate in the gymnastics activities, we must have the following information completed and returned to Gold Medal Gymnastics Center.**

PERMISSION SLIP

Child's Name: _____ Age: _____ Date of Birth _____

Child's Name: _____ Age: _____ Date of Birth _____

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone # _____

List all allergies: _____

Medical Insurance Name: _____ Doctor's Name and Phone # _____

In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Gold Medal Gymnastics Center, Ninja Zone and its employees, successors and assigns for damages, injuries and / or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for the sport of gymnastics. My physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above named organization and persons harmless of any claims and / or rights which may be asserted by or on behalf of the application. The parent also agrees to permit any photos taken of their child in class to be used for advertising purposes.

Signature of parent or guardian

Date

Huntington

Centereach

Rocky Point

Smithtown

Garden City