

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	
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Parent's I	Name:			
Address:				
City:		Zip Code:		
Home Phone:	Cell Phone:		Work Phone:	
E-mail address:				
Emergency Contact:		Phone #		
List all allergies:				
Medical Insurance Name:	Docto	Doctor's Name and Phone #		

Liability Agreement, Physical Verification, and Photo Permission

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 & Ninja Centers 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 applicant. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child may be exposed to or infected by COVID-19 by participation. I agree that Gold Medal Gymnastics nor its employees are responsible for any illness that may occur after visiting any Gold Medal Location. The parent also agrees to permit any photos / videos taken of their child in class to be used for advertising purposes.

I have read all of the above.

Signature of parent or guardian