

# Special Events



## RELEASE FORM



### OPEN GYMS!



### Princess Play Dates

### Parents Day Out



### FLIP-FLOP CLINICS



Parent Name(s) \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I authorize Westwood Gymnastics Academy to consent to medical treatment for my child if I cannot be reached to so consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay to treatment need be under this authorization. I am fully aware that activity involving motion or height creates the possibility of serious injury and I further agree to hold Westwood Gymnastics Academy and its staff harmless for any injury or resulting expense. I release and discharge any and all rights and claims against Westwood Gymnastics Academy.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PICK UP BY WHOM \_\_\_\_\_ PAID \_\_\_\_\_