

Special Events



RELEASE FORM



OPEN GYMS!

Preschool Playdates

Flip Flop Clinics



parent's day out

Parent Name(s) _____

Child(ren) Names(s) _____ DOB _____

Child(ren) Names(s) _____ DOB _____

Child(ren) Names(s) _____ DOB _____

Address _____ City _____ St. ___ Zip _____

Home Phone _____ Cell Phone _____

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.

PARENTS SIGNATURE _____ Date _____