

Oaks Gymnastics Academy - Parents Permission Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please read the following release very carefully.**

**Don't sign it if you don't understand it or if you don't intend to be legally bound by this agreement.**

**ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE**

As the undersigned, I am aware that during a gymnastics lesson or with any activity that my child attends under arrangements with Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy, that certain dangers exist and are related to the true nature of the sport of gymnastics - a sport that involves height and motion and the possibility of severe accidental injury, including permanent paralysis or death. I understand that my child will be training on all gymnastics events plus various training devices including trampolines. I assume the hazards on behalf of my child and hereby waive, release, and agree to hold harmless Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy, it's directors and all it's staff for any and all actions, claims and demands of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activity arranged for me by Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy. The terms shall serve as a release and assumption of risk for my heir, heirs, executor and administrator and all family. I understand that the instruction and supervision lasts for the duration of the class period for which I have paid tuition.

Parent Name (please print) \_\_\_\_\_

Parent Signature (please sign) \_\_\_\_\_

In the event that you cannot be reached in an emergency, please leave us the name of a friend or relative that can be contacted in your absence. Please don't leave this blank.

Person's Name \_\_\_\_\_

Person's Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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**Medical Consent.** As the undersigned, I hereby authorize any of the staff, employees, agents, and representatives of Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy to provide for, approve and authorize EMERGENCY health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses or other person whose services may be needed for such health care required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care should include the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to, administration of anesthesia, X-ray examination, performance or operations, diagnostic and other procedures.

If there is no medical emergency, the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

If your child has any physical handicaps, chronic ailments or allergies of which we should be aware of during class or in case of a medical emergency - **please list the condition here:**

If your child has any learning disabilities, hearing or sight problems we would like to better understand them - **please list the condition here:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release.** I give permission for my child/children to be photographed by Turner's Gymnastics, Inc. DBA Oaks Gymnastics Academy during classes and events for the purposes of advertising and promotion. I waive the right to approve the photos and understand that there will not be any compensation for the use of these photos.

Parent Initials \_\_\_\_\_ Date \_\_\_\_\_

**Email Notification.** In the space below please enter an email address so that we can keep you informed about program policies, re-enrollment, special events and much more.

Email Address \_\_\_\_\_

Your Class Day and Time \_\_\_\_\_

Office Use - Mac \_\_\_\_\_ CC \_\_\_\_\_ R \_\_\_\_\_



