

Class Registering For: _____ Date: _____



Data & Release Form

Gymnast Name: _____ Birth Date: _____ Sex: _____

Street Address: _____

City & State: _____ Zip Code: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian 1: _____ Email Address: _____

Mobile Phone: _____ Work Phone: _____

Parent/Guardian 2: _____ Email Address: _____

Mobile Phone: _____ Work Phone: _____

Alternate Emergency Contact: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Insurance Provider: _____ Policy #: _____

Doctor: _____ Hospital Choice: _____

Liability Release

I agree that Show-Me Gymnastics, along with the employees, agents, officers and directors of this organization shall not be liable for any injuries, losses or damages occurring as a result of my child's participation in any event or activity at Show-Me Gymnastics, except where such injury, loss or damage is the result of intentional or reckless conduct of the organization or individuals identified above, and I hereby waive and release any and all claims which may be made against Show-Me Gymnastics. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death as well as other damages associated with participation.

As legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in any event of activity at Show-Me Gymnastics.

Signature of Parent/Legal Guardian

Date