



# New Ulm Area Gymnastics Academy Release Form

Child Name: \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child Name: \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_



Parents Name: \_\_\_\_\_ Main Phone \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Understanding that gymnastics is a potentially dangerous sport in which accidents and injuries may occur, I hear by agree to release the New Ulm Area Gymnastics Academy and its staff from any liability, claims or demands of any nature. I also certify that my child is in good health and may participate in any program activities. In the event of an injury, I grant my permission to have my child treated at the nearest medical emergency center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



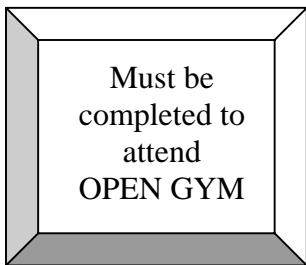
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