

C.S. Gymnastics, Inc.

**Special Event Release Form**

(973) 347-2771

As the parent of \_\_\_\_\_, I verify that he/she is in good health and able to participate at C.S. Gymnastics, Inc. on \_\_\_\_\_ 20\_\_\_\_.

***In allowing my child's voluntary participation, I understand that while the sport of gymnastics can be a fun and enriching experience, I also understand that participation in any gymnastics program can be responsible for catastrophic/permanent injury. I do not hold C.S. Gymnastics, Inc., and/or it's teachers responsible for any injuries, which occur during this activity. I hereby agree to waive any claims or rights that I may otherwise have, to sue any of the above-mentioned parties involved.***

**PARENT'S SIGNATURE** \_\_\_\_\_

**Parent's Name PRINTED** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City & Zip Code** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Friend of** \_\_\_\_\_

**Class attending: Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Email address** \_\_\_\_\_ @ \_\_\_\_\_

**Type of event** \_\_\_ \*Bring-a-Friend \_\_\_ Birthday Party \_\_\_ Trial Class \_\_\_ Other

\*Friends must be age appropriate for the class they are attending. If you are unsure, please ask a coach. You must call the office and let us know if you are bringing a friend

Gym attire required: sweatsuit, leotard, shirt/shorts, hair tied back, & NO ballet shoes, tights, or jewelry. Thank you