

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_____

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 or call the office

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