

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 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 its teachers responsible for any injuries, which could 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 _____@_____

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 can call the office and let us know if you are bringing a friend to class with you. This is to insure adequate coaching staff.**

Gym Attire Required:

sweat-suit, leotard, shirt/shorts, hair tied back, & **NO** ballet shoes, tights, or jewelry.

Thank You