

Indiana Gymnastics Center

Trial Class Consent Form

I hereby give permission for _____ to participate at Indiana Gymnastics Center for a Trial Class. Further, I authorize the center to provide emergency treatment for an injury to my child if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with this sport, up to and including serious injury and death, and exposure to COMMUNICABLE DISEASES INCLUDING COVID-19. I also understand that all trial class participants are expected to follow gym rules, as specified by gym instructors. Any child not following these rules will be removed from the gym floor. Valid for one month.

Name of Child: _____ Age: _____ Birthdate: _____

Please list any medical alerts: _____

Name of Parent: _____ Phone Number: _____

Address (Street, city, state, zip): _____

Email: _____

Parent Signature

Date

FOR OFFICE USE ONLY: Class: _____ Day: _____ Time: _____

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