



New Ulm Area Gymnastics Academy Release Form

Child Name: _____

DOB _____ Grade _____

Child Name: _____

DOB _____ Grade _____

Must be completed to attend the birthday party

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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