

ROACH GYMNASTICS

PARENT'S NIGHT OUT RELEASE FORM

Please provide us with accurate numbers where you can be reached during Parent's Night Out.

School Name: _____

Child's Name: _____

Child's Age: _____ Parent's Name: _____

Emergency Contact: _____ Phone: _____

Child's Name: _____

Child's Age: _____ Parent's Name: _____

Emergency Contact: _____ Phone: _____

Address: _____ email: _____

PARENTS: If you pick your child/children up after 9:35 pm you will be charged \$1.00 per minute that you are late, per child!! _____ initials _____ staff initials

RISK: I understand that there is risk of serious injury and that ROACH GYMNASTICS will take Precautions to prevent accidents.

RELEASE: I hereby consent to have my child/ward participate in programs offered by ROACH GYMNASTICS. Simple first aid will be administered to all minor injuries. Parent or doctor will be contacted if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against ROACH GYMNASTICS. I understand the risks involved in respect to such programs.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named participant(s) is in good health. I hereby authorize ROACH GYMNASTICS to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Signature _____ Date _____