KIDS SPORT CENTER
6810 Thrush Drive, Canal Winchester, Ohio 43110
Phone: 614.920.6220
www.gymx-treme.com

GYM X-TREME RELEASE FORM

Student's Name: _____

Mother's Name: _____ Cell/Work phone: _____

Father's Name: _____ Cell/Work phone: _____

Home Phone: _____

Release agreement: Coaches and instructors at Gym X-Treme Kids Sport Center are safety conscious and follow safety procedures. I understand that motion in gymnastics does involve risks and I, intending to be legally bound, waive and release Gym X-Treme Kids Sport Center, it's employees and officers of all responsibility for any injury sustained by my child in connection with Gym X-Treme Kids Sport Center or it's facilities. In the event of injury or illness, every effort will be made to contact parents or guardians. If necessary, I authorize Gym X-Treme Kids Sport Center to administer first aid and/or authorize medical treatment. The above named student has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics. The agreement extends to my heirs or executors who may not act on my behalf.

_____ _____

Parent or Guardian Signature Date

If the parent or guardian can not be reached call:

Name: _____

Home Phone: _____

Cell Phone: _____