

Creative Gymnastics Center Open Gym Permission Slip! 2010-2011

_____	_____	_____
Child's Last Name	Child's First Name	Age
_____	_____	_____
Child's Last Name	Child's First Name	Age
_____	_____	_____
Child's Last Name	Child's First Name	Age
_____	_____	_____
Child's Last Name	Child's First Name	Age

The above child(ren) has/have my permission to attend OPEN GYM at Creative Gymnastics Center. I understand that my child will be participating in activities that include but are not limited to; rock climbing, trampoline, foam pit, mats that roll, rope climbing and more. I am aware and appreciate the risks, including the risk of catastrophic injury that could possibly occur while participating in gymnastic activities and events. With the above in mind, and being fully aware of the risks and possible injury involved, I consent to have my child participate in the programs offered by Creative Gymnastics Center.

I can be reached at the following phone number(s). If these phone numbers change, it is my responsibility to inform the Open Gym Staff of these changes.

Home Phone: () _____

Cell Phone: () _____

Other Contact: () _____ Relation _____

Address: _____ City: _____

State _____ Zip Code: _____

Parent Signature _____ **Date** _____

Does your child have any medical conditions we should be aware of? Please explain.