

## REGISTRATION AND MEDICAL RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_

In case of an emergency, please Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Having been informed of the activities to be conducted by **Sunbelt Gymnastics Academy**, I, a parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program. I assume all risks and hazards incidental to the program, including transportation to and from these activities. I further release, waive, and forever discharge any and all rights and claims against **Sunbelt Gymnastics Academy**, its owners, instructors, and employees, holding them harmless from any illness or injury of the participant occurring during the program.

Furthermore, I hereby authorize the directors of the **Sunbelt Gymnastics Academy** to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which effect my child's ability to safely participate in this activity.

SIGNATURE of PARENT or GUARDIAN \_\_\_\_\_ date \_\_\_\_\_