



Rockland Gymnastics Academy Birthday Party Release Form

Student' Name _____ Birth Date ____/____/____ Age _____

Address _____ City _____

State _____ Zip _____ Male / Female

Mother's Name _____ Father's Name _____

Best Phone # to reach you in an emergency:

() _____ - _____ Is this your HOME # CELL # WORK # (please circle one)

E Mail Address (will not be shared): _____

In case of accident emergency contact if parents cannot be reached:

Name _____ Phone # () _____ - _____

Any intolerance to drugs or medication? _____

Any previous illness or injury we should be aware of? _____

If so, are there any restriction? _____

I agree to be bound by the following:

1. I agree to comply with the rules of Rockland Gymnastics Academy.
2. **Medical Attention:** I hereby give my consent to Rockland Gymnastics Academy to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my (child's) participation.
3. **Waiver & Release:** I am fully aware of and appreciate the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities. I further agree that Rockland Gymnastics Academy, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my (child's) participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above.
4. **Adult Participation:** I understand that although adults are allowed in the gym area, when needed during birthday parties all adults are prohibited from all equipment. Adults may walk on the spring floor and mats but are strictly prohibited from any tumbling or other gymnastics.
5. **Rules & Policies:** I have read and agree to abide by the rules and policies of Rockland Gymnastics Academy

As legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in birthday parties conducted by Rockland Gymnastics Academy.

Signature of Parent/Guardian Date ____/____/____