TOWERS GYMNASTICS PARTICIPATION FORM

Parent / Guardian Signature

In order for your child to participate at Towers Gymnastics, please fill out the following information below. We will keep this form on file for one year and it will be renewed on an annual basis or as needed.

We will keep this form on file for one year and it w	ill be renewe	ed on an annu	al basis or as n	ieeded.		
Parent Or Legal Guardian Name	Relation	Cell #		Email		
Street Address	City		State		Zip Code	
Parent Or Legal Guardian Name	Relation	Cell #		Email		
Street Address	City	State			Zip Code	
Child's Name (s)	DOB	AGE Alle		rgies / Me	edical	
 	<u> </u>	 	 			
	<u> </u>	 	 			
	<u> </u>	<u> </u>	<u></u>			
In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Towers Gymnastics Inc, and its employees, successors and assignees for damages, injuries and/or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for gymmnastics activites. My physical condition has been verifies by a licensed medical doctor. If signed by a parent/guardian, the parent/guardian agrees to release and hold the above named organization and persons harmless of any claims and/or rights which may be asserted by or on behalf of the application. The parent also agrees to permit any photos/videos taken of their child to be used for advertising purposes. Parent / Guardian Signature Date						
Parent / Guardian Signature				Date		
Towers Gymnastics Participal In order for your child to participate at Towers Gym We will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year and it we will keep this form on file for one year.	mnastics, plea	ase fill out the	_		elow.	
Parent Or Legal Guardian Name	Relation	Cell #	Т	Email	Т	
Street Address	City		State		Zip Code	
Parent Or Legal Guardian Name	Relation	Cell #	1	Email	1	
Street Address	City		State		Zip Code	
Child's Name (s)	DOB AGE		Aller	Allergies / Medical		
	<u> </u>	+	<u> </u>			
	<u> </u>	+	+			
		<u> </u>				
In consideration of your accepting this application, I the under administrators, waive and release any and all rights and claims assignees for damages, injuries and/or claims which I might ot gymmnastics activites. My physical condition has been verifies agrees to release and hold the above named organization and of the application. The parent also agrees to permit any photo	s I may have aga herwise have ar s by a licensed m persons harmle	inst Towers Gym rising out of said e nedical doctor. If ess of any claims a	nastics Inc, and it event. I attest and signed by a parer and/or rights whice	s employees, s d verify that I a nt/guardian, th ch may be asse	successors and am physically fit for ne parent/guardian erted by or on behalf	
Parent / Guardian Signature		Date	-			

Date