

**Capital Gymnastics National Training Center  
Sunday Open Gym Release Form**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

**PARENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby grant permission for the persons enrolled to participate in the programs held by Capital Gymnastics LLC. I am aware and understand the risks involved in the sport, and I release Capital Gymnastics Private Lesson LLC and Capital Gymnastics National Training Center and its employees from any and all liability which might be incurred during the conduct of this activity. I further agree to indemnify and hold the Corporation harmless for any claims or lawsuits brought by or on behalf of my child.

In an Emergency, I hereby grant permission to their employees, to have authority, at my expense, in the event I cannot be readily reached, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport my son or daughter to the hospital and if necessary, I authorize medical treatment. I hereby verify that the student has passed a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or age 18 years or Older)