Golden Isles Gymnastics 760 Scranton Rd Brunswick GA 31525 (912) 280-0044		**Camden Gymnastics** 1050 Wildcat Dr. Kingsland GA 31548 (912) 996-6772

PARENT/GYMNASTS AGREEMENT

Name:			Gender:
Date of Birth:	Age:	School:	
Address:			
City:	State:		Zip code:
Home Phone:	Mother(work phone):		Father(work phone):
Emergency Phone:			Contact:
Mother's Name:			
Father's Name			
Special Medical Conditions:			
How did you hear about us?			

RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampoline use and exercises. I understand that catastrophic injury, or even paralysis can occur to the above listed gymnast participating on activities on equipment on and or used by Golden Isles and/or Camden Gymnastics, and hereby agree that I, for myself, my Child(ren) adopted or otherwise, my heirs and executors, waive and release any and all rights and claims that I may have at any time against Camden Gymnastics, Golden Isles Gymnastics or its agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by Camden Gymnastics or Golden Isles Gymnastics.

I hereby authorize the directors of Camden Gymnastics of Golden Isles Gymnastics to act for me according to their best judgment in any emergency requiring medical attention

I have read the above contract carefully before signing and agree to pay the dues incurred. Further, I understand that this contract and waiver of liability shall be effective from the date of signature.

_____ Parent signature

_____ Date

Class:	Days:	Time: