

THE GYMNASTICS ZONE, Inc.

820 Anita Ave.
Antioch, IL 60002
(847) 838-4775

_____ **Field Trip,** _____
(School/Group Name) (Date of Field Trip)

Parents Permission & Release Form

I do hereby give my permission for my Daughter/Son to participate in the Gymnastics activities during the class field trip at The Gymnastics Zone, Inc.

Nonetheless, I _____ as a parent of _____ do hereby release, discharge and covenant to hold harmless The Gymnastics Zone, Inc., or any person or entity associated with The Gymnastics Zone, Inc. from responsibility or liability from any and all: claims, demands, damages, cost, expenses, loss of services, actions and arising out of any act or occurrence up to the present time and particularly on account of all personal injury, disability, property damages of any kind sustained or that may hereafter be sustained by the said minor or by the undersigned in consequence of any accident which may occur arising out of participation in gymnastics at The Gymnastics Zone, Inc. during the field trip.

I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:

Parent / Guardian Signature _____ Date _____

Participant's Name _____
(Last Name) (First Name)

Date of Birth _____

Sex (Please Circle): Male Female

Mailing Address _____

School Grade _____

City _____ State _____ Zip Code _____

Father & Mother's Names _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Emergency Contact's Name & Phone # _____

Health Restrictions: _____

Appropriate Attire:

T-shirt and shorts, unitard, leotard with biker shorts. No tights, no shoes, no socks, or jewelry. Long hair needs to be pulled back in a ponytail.