Racine Gymnastics Center
Waiver/Release.

Participation in our programs is voluntary and requires full understanding of the risks. I am aware that participation in gymnastics and related activities involves risk and possible injury. I understand and agree that **Racine Gymnastics Center** and Peppermint Preschool Gymnastics and its staff will assume no responsibility for injuries or medical expenses incurred by my son or daughter or myself. Neither my child(ren) nor I have any physical, mental, or emotional problems that would interfere with participation in this program. Individuals must have their own medical insurance. I have read and understand the policies set forth by Racine Gymnastics Center.
This agreement is valid for any activity my child(ren) participates in at Racine Gymnastics Center.

Date: _____
Student Name: _____ M / F
DOB: _____ Day/Time: _____
Student Name: _____ M / F
DOB: _____ Day/Time: _____
Student Name: _____ M / F
DOB: _____ Day/Time: _____
Parent (s) Name: _____

Home Phone: _____ Work Phone: _____

Address:
_____
_____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact (other than above): _____
Medical Information: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

School: _____
How did you hear about us? Friend - Newspaper - Direct Mail - Yellow Page - Web site -
If other: _____