

Skyview Gymnastics - Open Gym

Consent for a Minor to Participate Emergency Contact Information

This form must be completed and on file at Skyview Gymnastics before your child can be allowed to participate in Skyview Open Gym activities. You may fax it to 301-829-7996.

Participant's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work Ph _____ Cell Ph _____

Father's Name _____ Work Ph _____ Cell Ph _____

Primary E-Mail Address _____ Other E-Mail Address _____

INFORMED CONSENT

PLEASE DO NOT SIGN THIS FORM IF YOU HAVE ANY QUESTIONS about the nature of the following activities:

Gymnastics

using traditional and non-traditional equipment/hand apparatus – including, but not limited to, spring floor, uneven bars, parallel bars, hi bar, balance beam, vault, rings, pommel horse, hand balancers, ribbons, balls, hoops, loose foam pit.

Trampoline

using in-ground and on-ground trampolines, double mini-tramp, mini-tramp, and springboards with or without loose foam pit.

Tumbling

using Tumbtrak, rod floor, and Palmer spring floor, with or without loose foam pit.

Acrobatic Gymnastics

working in pairs, trios or groups, building "pyramids" or balances.

All of the activities listed above are potentially dangerous. Children are well supervised, and our rules limit certain kinds of activities, but, as in any sport or vigorous physical activity, there is risk involved in participation. By signing this application, YOU ACKNOWLEDGE HAVING BEEN INFORMED OF THE RISKS and you agree to hold Skyview, Inc., its instructors and employees harmless in the event of an accident. You are expected to carry your own medical insurance, and to inform the office of any health or physical condition which might affect the child's ability to participate fully.

I hereby give permission for my child _____ to participate in the activities of *Skyview Open Gym*. I ASSUME ALL RISKS ASSOCIATED WITH HIS/HER PARTICIPATION.

In case of emergency, if a parent cannot be reached, please contact:

_____ Phone _____ Relationship _____

Signature of Parent or Guardian _____ Date _____

Print Parent's or Guardian's Name _____

Special Notes Regarding the Participant: (i.e. – asthma, allergies to food or bee stings)