



06/14/10

SGA RELEASE FORM (Please Print)

Child's First & Last Name: 1. _____ DOB: _____ 2. _____ DOB: _____

Allergies etc: _____ Email: _____

Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian (Print first & last name): _____

I hereby authorize Southlake Gymnastics Academy to consent medical treatment for my child if I cannot be reached to consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I am fully aware that any activity involving motion or height creates opportunity for injury and I further agree to hold Southlake Gymnastics Academy and its staff harmless for any injury or resulting expense. I release and discharge any and all rights and claims against Southlake Gymnastics Academy.

Parent or Guardian Signature: _____ Date: _____



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