

# Gold Coast Gymnastics, Inc.

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 Lake Worth, Fl. 33460  
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Date:	
Term #	
Week #	
Evaluation	
Open Gym	
Pymt:	

## Parental Release Form

### For participation: Evaluation or Open Gym

**This form** is required and to be completed by parent/legal guardian to enter/participate in the activity area. Sorry No Verbal/hand written forms will be accepted. **No Form=No participation.**

**This form is valid only for one class/activity.**

<b>My child is participating in a:</b>									
<b>Preschool Class</b>		Mini Dragons: 18 Mo.-3yrs			Tumble Dragon: 3-5yrs				
<b>Developmental Class</b>		Super Dragon 5yrs old	Boys K-5 <sup>th</sup>	Girls K-3 Beginner Intermed.	Girls K-5 Beginner Intermed	Girls 4-6 Beginner Intermed	Blue Pre-Team Advanced		
<b>Other Program:</b>		Open Gym							
<b>This form is valid only for one class/activity.</b>									
<b>1-- Child's Name</b>				<b>DOB:</b>		<b>Age:</b>		<b>M or F</b>	
<b>Any physical, mental limitations or challenges?</b> <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>					<b>Yes</b>	<b>No</b>	<b>Explain</b>		
<b>Any Allergies?</b> Nuts, strawberries, adhesives, etc.?					<b>Yes</b>	<b>No</b>	<b>Explain</b>		
<b>***** Class Day</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Th</b>	<b>Fri</b>	<b>Sat</b>	<b>Class Time</b>		
<b>This form is valid only for one class/activity.</b>									
<b>2--Child's Name</b>				<b>DOB:</b>		<b>Age:</b>		<b>M or F</b>	
<b>Any physical, mental limitations or challenges?</b> <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>					<b>Yes</b>	<b>No</b>	<b>Explain</b>		
<b>Any Allergies?</b> Nuts, strawberries, adhesives, etc.?					<b>Yes</b>	<b>No</b>	<b>Explain</b>		
<b>***** Class Day</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Th</b>	<b>Fri</b>	<b>Sat</b>	<b>Class Time</b>		
<p>I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of catastrophic injury, paralysis, and even death. I understand and agree that GOLD COAST GYMNASTICS, INC., and its entire staff and volunteers will assume no responsibility for injuries or medical expenses incurred by my son, daughter, student(s) or myself. My student(s), child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program. I give permission for a doctor, medical professional or Hospital to treat my child/self in the event of a medical emergency. <b>I have read and understand the above statements.</b></p>									
<b>Parent's Name-PRINT</b>						<b>Date</b>			
<b>Parental Signature</b>									
<b>Phone Number</b>			<b>Cell (    )</b>			<b>Home(    )</b>			
<b>Home Address</b>						<b>City</b>		<b>Zip</b>	
<b>E-Mail</b>									
<b>How did you find or hear about Gold Coast Gymnastics, Inc.?</b>									
<b>GCG Staff only:</b>			<b>Evaluation Level:</b>			<b>By Coach:</b>			
<b>Additional Information:</b>									