

Gold Coast Gymnastics, Inc.

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| | |
|---------------------|------|
| Date: | |
| Term # | |
| Week # | |
| Pre-paid Evaluation | \$30 |
| Pymt: | |

Parental Release Form

For participation in a one time (single) Evaluation Class

This form is required and to be completed by parent/legal guardian to enter/participate in the activity area.

Sorry No Verbal/handwritten forms will be accepted. **No Form=No participation. This form is valid only for one class/activity.**

| | | | | | | | | | | | |
|--|--|------------------------|-----|--------------------------|-----------------------|--------------------------|------------------------|---------------------|-----|-------------|--|
| My child is participating in a: circle class | | | | | | | | | | | |
| Preschool Class | | Mini Dragons: 2-3yrs | | | Tumble Dragon: 3-5yrs | | | Super Dragon | | | |
| Developmental | | Boys Class | | Girls Red beginner | | Girls White intermediate | | Girls Blue advanced | | Teen | |
| Other Program: | | | | | | | | | | | |
| This form is valid only for one class/activity | | | | | | | | | | | |
| 1-Child's Full Name: | | | | | | M or F | Grade: | DOB: | | Age: | |
| Any physical, mental limitations or challenges? <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small> | | | | | | Yes | No | Explain | | | |
| Any Allergies? Nuts, strawberries, adhesives, etc.? | | | | | | Yes | No | Explain | | | |
| Circle -- Class Day | | Mon | Tue | Wed | Th | Fri | Sat | Class Time | | | |
| This form is valid only for one class/activity. | | | | | | | | | | | |
| 2-Child's Full Name: | | | | | | M or F | Grade: | DOB: | | Age: | |
| Any physical, mental limitations or challenges? <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small> | | | | | | Yes | No | Explain | | | |
| Any Allergies? Nuts, strawberries, adhesives, etc.? | | | | | | Yes | No | Explain | | | |
| Circle -- Class Day | | Mon | Tue | Wed | Th | Fri | Sat | Class Time | | | |
| 3- Are you a Parent Participant in the Mini Dragons class: Yes- No | | Adult Full name | | | | | Adult Full name | | | | |
| <small>By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. Commonly transmitted between persons rather than from equipment to persons. Although we regularly sanitize our equipment and presently are using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the MRSA, Influenza coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke, or even death (collectively "Symptoms"). You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing symptoms, even if arising from the negligence of the releases or others and you fully agree to accept all risks of entering the facility, using the equipment, working with coaches, attending classes, practices and/or interacting or being exposed to other members</small> | | | | | | | | | | | |
| <small>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. I have read and understand the above statements.</small> | | | | | | | | | | | |
| Parent's Name-PRINT | | | | | | | | | | Date | |
| Parental Signature | | | | | | | | | | | |
| Phone Number | | | | Cell () | | | | Home() | | | |
| Home Address | | | | | | City | | | Zip | | |
| E-Mail | | | | | | | | | | | |
| How did you find or hear about Gold Coast Gymnastics, Inc.? | | | | | | | | | | | |
| GCG Staff only: | | | | Evaluation Level: | | | | By Coach: | | | |
| Additional Information: | | | | | | | | | | | |