

Gold Coast Gymnastics, Inc.

1420 Rupp Lane
 Lake Worth, Fl. 33460
 561-585-2700---561-586-7880 Fax
 website: www.gcgym.com
 e-mail: info@gcgym.com

Date:	
Term #	
Week #	
Evaluation	
Drop-In	
Pymt:	

Parental Participation Release Form

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.

My child is participating in a:

Preschool Class	Mini Dragons 18 Mo.-3yrs	Tumble Dragon 3-4yrs					
Developmental Class	Super Dragon 5yrs old	Boys K-5 th	Girls K-3 Beginner Intermed.	Girls K-5 Beginner Intermed	Girls 4-6 Beginner Intermed	Teen Recreational	Blue Pre-Team Advanced

Other Program:

Child's Name							DOB:	Age:	M or F
Class Day	Mon	Tue	Wed	Th	Fri	Sat	Class Time		
Child's Name							DOB:	Age:	M or F
Class Day	Mon	Tue	Wed	Th	Fri	Sat	Class Time		

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.**

Parent's Name-PRINT						Date	
Parental Signature							
Primary Contact Number	()		cell		()		Home
Home Address						City	Zip
E-Mail							
How did you find/hear about Gold Coast Gymnastics, Inc.? Please mark all that apply							
Google	Yelp	Facebook Instagram	GCGYM Website	Other:	Relative Friend	Who?	

Office use only

Evaluation Level:	By Coach:
Additional info	
7/23/17	