Gold Coast Gymnastics, Inc.
1420 Rupp Lane
Lake Worth, Fl. 33460
561-585-2700
561-586-7880 Fax

Participation Release Form

My child is participating in a: Preschool class_____Developmental Class_____
Cheernastics_____Open Gym_____Other_____

Class Day and Time Participating In_____

Child's Name:_____**Age**_____

I understand that participation in gymnastics and cheerleading 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 it's 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 have read and understand the above statements.

Parental Signature_____**Date**_____

Parent's Name (Print)_____

Phone Number: (Home)_____**(Cell)**_____

Address_____**City**_____**Zip**_____

E-Mail _____

How did you find/hear about Gold Coast Gymnastics, Inc.? *Please circle all that apply*

* Phone Book ------- Computer/web ------ Friend/Relative
(Big Book or Small Companion) - gcgym.com Name_____
- Google
- Ask.com
Other_____

Office Use only

Registered for classes on:_____ Class Day & Time:_____
Developmental Class- Evaluation Level-_____

Web-PDF