

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 #	
1x Evaluation	\$20
Open Gym	
Pymt:	

Parental Release Form

For participation: 1x 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/handwritten forms will be accepted. **No Form=No participation. This form is valid only for one class/activity.**

Viral Waiver 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

My child is participating in a:

Preschool Class	Mini Dragons: 18 Mo.-3yrs	Tumble Dragon: 3-5yrs		
Developmental	Girls Red Beginner	Girls White Intermediate	Girls Blue Advanced	Boys
Other Program:	Open Gym	Ninja Dragons		

This form is valid only for one class/activity.

1	Child's Full Name Participant #1	M/F	DOB	Age	Grade	School Name
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Class Day	Mon	Tues	Wed	Thur	Fri	Sat	Class Time:
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Any physical, mental limitations or challenges? <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>	Yes	No	Explain
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Any Allergies? Nuts, strawberries, adhesives, etc.?	Yes	No	Explain
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2	Child's Full Name Participant #2	M/F	DOB	Age	Grade	School Name
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Class Day	Mon	Tues	Wed	Thur	Fri	Sat	Class Time:
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Any physical, mental limitations or challenges? <small>Medical Alert, asthma, Insulin pump, medical device, Cerebral Palsy, Autistic, ADD, Epilepsy etc.</small>	Yes	No	Explain
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Any Allergies? Nuts, strawberries, adhesives, etc.?	Yes	No	Explain
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3	Are you a <u>Parent/Adult Participant</u> in the Mini Dragons class: Yes- No	Adult Full name	Adult Full name
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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	
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Parental Signature	
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Phone Number	Cell ()	Home()
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Home Address		City	Zip
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E-Mail	
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How did you find or hear about Gold Coast Gymnastics, Inc.?

GCG Staff only:	Evaluation Level:	By Coach:
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Additional Information: