

Gym Academy

Registration form and Release of Liability

NAME………………………………………………………………………………………………………………………………

DATE OF BIRTH………………………………………… CLASS ………………………………..

TELEPHONE HOME …………………………………… ……SCHOOL………………………………………

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EMAIL

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EMERGENCY CONTACT (MOBILE) 1………………………………2…………………………………….

Medical Problems that we should be aware of? …………….............................................

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Is your child taking any sort of medication or under medical supervision? .............

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I, being the parent/guardian of the aforementioned student. I acknowledge that the above information is factually correct. I therefore agree to them participating in the activities of the gym academy held on the premises of DESS. the academy which includes inter alia, and the performance of gymnastics maneuvers and the use of gymnastic equipment. I agree that I will not hold the Coaches of the Academy or the site liable for any losses, liabilities and damages, injury or death suffered or incurred by my child whist taking part in the Gymnastics programme.

I have read the rules and regulations and agree to abide by them.

Signed……………………………………………………… Print name……………………….………………………..

Relationship to child………………………………………………..Date……………………………………………..