



Virginia International Gymnastics Schools

GYMNASTICS SUMMER CAMP WAIVER & INFORMATION SHEET

Child's Name _____

Age _____

Parents' Names **PLEASE PRINT** _____

Numbers at which parent(s) can be reached during camp hours _____

1. _____
Emergency Contact and Number

2. _____
Emergency Contact and Number

If there is anyone other than the Parent/Legal Guardian that will be picking up your child, you must have their name on the list below.

Parent's Signature _____

Date _____

If there are any special instructions or information you wish for our staff members to be aware of, please list or describe below:

PARENTS CONSENT AND RELEASE

As legal guardian of the child listed below, I hereby consent for him/her to participate in Summer Camp gymnastics classes held at Virginia International Gymnastics Schools, Inc. I recognize that any activity involving height or motion can create the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. I hereby forever release Virginia International Gymnastics Schools, Inc., Virginia International Gymnastics Schools, Inc., officers, directors, agents and employees from all liability for any and all damages and injuries suffered or contracted as a result of participation in Summer Camp gymnastics classes at Virginia International Gymnastics Schools, Inc.

As the legal parent and / or guardian of _____, I do hereby verify that I fully understand and accept the above conditions for permitting my child to participate in Summer Camp gymnastic classes at Virginia International Gymnastics Schools.

Does your child have any limitations or disabilities that Virginia International Gymnastics Schools, Inc. staff should be aware of? _____ NO _____ YES If yes, please explain below:

Parent's Signature _____

Date _____