

CS Gymnastics
Special Event Release Form

As the parent of _____, I verify that he/she is in good health and able to participate at CS Gymnastics, Inc, on _____.

In allowing my child's voluntary participation, I understand that while the sport of gymnastics can be a fun and enriching, experience, I also understand that participation in any gymnastics program can be responsible for catastrophic/permanent injury. I do not hold CS Gymnastics, Inc. and/or its teachers responsible for any injuries, which occur during this activity. I hereby agree to waive any claims or right that I may otherwise have to sue any of the above-mentioned parties involved.

*Friends must be age appropriate for the class they are attending. If you are unsure, please call the front office(973-347-2771). Please call the office to let us know you are bringing a friend to class with you, this is to insure adequate coaching staff. Thank you.

Parents signature _____

Emergency Phone # _____

Gym attire required: sweatsuit, leotard, Tshirt/shorts, hair tied back, & NO ballet shoes, tights, or jewelry.

Name _____ (print) Date of Birth _____

Address _____

Phone Contact Number _____

Friend of _____

Class attending: Day _____ Time _____

_____ Bring A Friend _____ Birthday Party _____ Trial Class _____ Other