Birthday Party Release Form

Student' Name_____Birth Date____/_____/_____Age_____

Address_____Town_____

State_____Zip_____ Male / Female

Mother's Name_____Best Phone # to reach you in an emergency:

( )_____-_____Is this your HOME # CELL # WORK # (please circle one)

Father's Name_____Best Phone # to reach you in an emergency:

( )_____-_____Is this your HOME # CELL # WORK # (please circle one)

E Mail Address(will not be shared):_____

In case of accident emergency contact if parents cannot be reached:

Name_____ Phone # ( )_____-_____

Any intolerance to drugs or medication?_____

Any previous illness or injury we should be aware of?_____

If so, are there any restriction?_____

I agree to be bound by the following:
1. I agree to comply with the rules of Iron Rail Gymnastics Academy/ Cape Ann Gymnastics.
2.**Medical Attention**: I hereby give my consent to Iron Rail Gymnastics Academy/ Cape Ann Gymnastics and/or the Host Organization to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my (child's) participation.
3.**Waiver & Release**: I am fully aware of and appreciate the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities. I further agree that Iron Rail Gymnastics Academy/ Cape Ann Gymnastics, and the sponsor of any Iron Rail Gymnastics Academy/ Cape Ann Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my (child's) participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above.
4. **Adult Participation**: I understand that although adults are allowed in the gym area during birthday parties all adults are prohibited from all equipment. Adults may walk on the spring floor and mats but are strictly prohibited from any tumbling or other gymnastics.
5. **Rules & Policies**: I have read and agree to abide by the rules and policies of Iron Rail Gymnastics Academy/ Cape Ann Gymnastics. I understand that no credits or refunds will be given for classes not attended. I agree to pay any late or retuned check fees when applicable.

As legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in birthday parties conducted by Iron Rail Gymnastics Academy/ Cape Ann Gymnastics.

_____Date _____/_____/_____
Signature of Parent/Guardian