



ACADEMY

10.0 Academy of Gymnastics

181 Great Rd. Stow MA 01775
(978) 897-8184 fax (978) 897-8198

Participation Waiver/Release

Each child must have this waiver/release form signed by their parent or guardian and returned before participating in any activity.

1. Child's Name _____
Age _____ D.O.B ____/____/____

2. Child's Name _____
Age _____ D.O.B ____/____/____

Event Planning on Attending: _____ Date: _____

Parent Name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ Zip _____

Email Address: _____

Please list any medical information we should be aware of / allergies:

AUTHORIZATION OF PARTICIPATION:

(Not valid if contact information is missing.)

I, as parent or legal guardian of above named, hereby give permission to said son/daughter to participate at 10.0 ACADEMY. I understand that all sports have inherent risks involved. I agree to release 10.0 ACADEMY, and all instructors and assistants from any liability from harm or injury arising from participation in these activities. I hereby testify as to my child's sound health of mind and body and I authorize 10.0 ACADEMY to seek medical treatment at the nearest Medical Facility in case of emergency.

Signature of Parent or Legal Guardian

_____/_____/_____
Date

