

**C.S. Gymnastics, Inc.**  
**Special Event Release Form**  
**(973) 347-2771**

As the parent of \_\_\_\_\_, I verify that he/she is in good health and able to participate at C.S. Gymnastics, Inc. on \_\_\_\_\_20\_\_\_\_\_.

***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 C.S. Gymnastics, Inc., and/or it's teachers responsible for any injuries, which occur during this activity. I hereby agree to waive any claims or rights that I may otherwise have, to sue any of the above-mentioned parties involved.***

**PARENT'S SIGNATURE**\_\_\_\_\_

**Emergency Phone #**\_\_\_\_\_

**Child's Name**\_\_\_\_\_ **Date of Birth**\_\_\_\_\_

**Address**\_\_\_\_\_

**City & Zip Code**\_\_\_\_\_

**Phone #**\_\_\_\_\_ **Friend of**\_\_\_\_\_

**Class attending: Day**\_\_\_\_\_ **Time**\_\_\_\_\_

**Email address**\_\_\_\_\_ **@**\_\_\_\_\_

**Type of event** \_\_\_\*Bring-a-Friend\_\_\_ Birthday Party \_\_\_ Trial Class \_\_\_ Other

\*Friends must be age appropriate for the class they are attending. If you are unsure, please ask a coach or call the office

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