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**2009-2010
SPECIAL EVENT RELEASE FORM**

CHILD'S NAME: _____ FEMALE _____ MALE _____

ADDRESS: _____ HOME TEL#: (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

PARENT'S NAME: FATHER: _____ CELL #: (____) _____

MOTHER: _____ CELL #: (____) _____

IN CASE OF EMERGENCY, NOTIFY (other than Parent): _____ Email: _____

NAME: _____ TEL #: (____) _____

____ 0-Walking ____ Walking to 3 years ____ 3 Years and Up

Total Participants _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

Prefered Time: _____ 9:00-10:15 ____ 10:30 to 11:45 ____ 12:15 to 1:30

EMERGENCY RELEASE: In the event of an emergency, injury or illness affecting our child, I hereby give permission to an authorized Reading Gymnastics Academy, Inc staff member to obtain whatever medical attention is needed for him/her and I will assume all costs for medical care. Transportation (if needed) will be to Winchester Hospital unless otherwise stated.

PHYSICAL INFORMATION: Please list any current or previous accidents, illness or physical limitations that would stop or prevent your registered child from participating in the above program, otherwise state "NONE".

1. ALLERGIES: _____ MEDICATIONS: _____

2. PRIOR MEDICAL CONDITIONS: _____

3. PHYSICAL LIMITATIONS OR SITUATIONS(or state NONE): _____

The above Registrant (his/her legal guardian or parent if under eighteen (18) years of age agrees to indemnify and hold harmless Reading Gymnastics Academy, Inc., its officers, members, agents and coaches/instructors against all liability, claims, damages, losses and expenses, including attorney fees, arising from the registrants participation or by reason of any injury or any damage to any person or property occurring during said participation, or from any cause whatsoever. I/We fully realize that gymnastics/cheerleading can be a dangerous sport that could result in serious injury or possibly death.

GYMNAST: _____ DATE: _____

AGREED TO: _____ DATE: _____

PARENT/GUARDIAN