

35 Concord Street, North Reading, Ma 01864 -  
978-664-0099 [www.readinggymnastics.com](http://www.readinggymnastics.com) Email:  
gymnast@readinggymnastics.com



2019-2020  
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 #: (\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

**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 can be a dangerous sport that could result in serious injury or possibly death.

GYMNAST: \_\_\_\_\_ DATE: \_\_\_\_\_

AGREED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN

This Special Event Release is for the above named gymnast participating in the following: (Please check all that apply)

\_\_\_\_ Try Out/Evaluation \_\_\_\_ Parties \_\_\_\_ Drop N Shop \_\_\_\_ Bring a Friend Day \_\_\_\_ Scout Days

\_\_\_\_ Tumbling \_\_\_\_ Other Special Events \_\_\_\_\_