







Name:		
Age:DOB:	Allergies? (please list)	
Address:	, , , , , , , , , , , , , , , , , , ,	
State:	Zip:	
Parent/s Name:	·	
Home Phone:	Cell:	

I/We the parents/guardians of (Participant's name) give my/our approval for his/her participation in the programs at New England Academy of Gymnastics. *I/we assume all risks and hazards incidental to the conduct of all the programs. *I/we, the undersigned, being of legal age and acting guardian of the participant, releases and holds harmless New England Academy of Gymnastics or any and all representatives of New England Academy of Gymnastics from any and all responsibility of injury acquired by the participant, while on the premises. *I/we understand that if an emergency arises which should require immediate medical attention, and we, as the parents/guardians cannot be contacted, the staff of New England Academy of Gymnastics are authorized to take whatever steps are necessary to protect the health of the participant.

Parent/Guardian Signature	Date