

Novaks' Play Gym Registration/Release Form

Days & Times WEDNESDAY 10:45am - 11:45am

1. Childs Name _____ Age _____ Boy/Girl _____ DOB _____
2. Childs Name _____ Age _____ Boy/Girl _____ DOB _____
3. Childs Name _____ Age _____ Boy/Girl _____ DOB _____

PARENT/GUARDIAN NAMES _____

ADDRESS: _____
street _____ City _____ State _____ Zip _____

Phone (H): _____ Mom Cell: _____ Dad Cell: _____ Mom Work: _____

E-MAIL: _____ Dad Work: _____

MEDICAL CONCERNS?/ALLERGIES?: _____ Insurance Carrier: _____

Emergency Contact: _____
NAME _____ PHONE # _____

How did you hear about Novaks? _____

I give permission for Novaks' Gymnastic Center, Inc. to photograph my child and use photo on Novaks' facebook page or website. YES NO

RELEASE AGREEMENT

I hereby grant permission for persons enrolled above to participate in the programs at Novaks' Gymnastic Center, Inc. In the event I cannot be reached readily in an emergency, Novaks' employees have the authority at my expense to utilize the most available volunteer rescue squad or ambulance to transport my child to the nearest hospital and, if necessary, to authorize medical treatment. I hereby certify that the child has passed a medical examination within the last (12) twelve months and is capable of participating in the sport of gymnastics and/or tumbling and/or trampoline. I realize that gymnastics, tumbling and trampoline involves the risk of serious injury, even death, and I release Novaks' Gymnastic Center, Inc. and it's employees from any and all liability which might be incurred during the conduct of this activity. I will explain the rules, policies and behavior expectations of Novaks' Gymnastic Center, Inc. to my child(ren). *I have read and understand Novaks' Rules and Policies.*

Signature _____ Date: _____

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