



432 South Pine Street • Burlington, WI 53105 • 262-763-2933

Non-Member participation form

AGES 18+ are NOT permitted!

Child's name _____ Birthdate ____/____/____

Parents' Names _____ Home Phone (____)____-____

Address _____ City _____ Zip _____

E-MAIL _____

LIABILITY WAIVER AND RELEASE: I understand that gymnastics, like any other situation involving height and movement, involves risk and the chance of catastrophic injury, paralysis, and even death, as well as, other damages and losses associated with participation in a gymnastics event. This student(s) has no problems that might compromise their safe involvement. I understand that I need to provide for medical expenses for my son/daughter and forever release Lakes Area Gymnastics, Inc. along with the employees, agents, officers, and directors from responsibility or liability for any losses or damages occurring as a result of my son/daughter's participation in any gymnastics activity.

AUTHORIZATION OF MEDICAL CARE: In case of illness or injury while with Lakes Area Gymnastics, Inc. in case that a parent cannot be reached, the staff of Lakes Area Gymnastics, Inc. may authorize medical care and treatment for the above named participant(s).

Parent's Signature _____

Date ____/____/____



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