

ULTIMATE GYMNASTICS
2009 Open Compulsory Camp
Release Form

STUDENT'S NAME: _____

PARENT'S NAME: _____

PARENT'S PHONE NUMBER: _____

ADDRESS (For Camp Reminders):

GYMNAST'S COMPETITION LEVEL: 2 3 4 5 6 **USA or AAU**
(As of June 1st, 2009)

My child _____ has permission to attend and participate in all activities of Compulsory Camp at Ultimate Gymnastics. I understand that she will be coached, spotted, and critiqued by other adults besides her regular coach. I also understand that food and drinks will be served. My child is allergic to the following foods

_____.

My child is allergic to the following non-food substances _____.

Assumption of Risk: *Compulsory Camp involves gymnastics and non-gymnastics related activities. Catastrophic injury, paralysis, or even death can result from the conduct of these activities.*

I hereby except and assume such risks and responsibility for any loss and/or damages arising from any illness, injury, paralysis, or death of the above named participant; however caused or whether caused in whole in part by the negligence of Ultimate Gymnastics, it's owners, staff, employees, or clinicians.

In case of an emergency please contact at _____
(Phone number)

*I give permission for the Ultimate Gymnastics' staff, owners, or volunteer drivers to seek emergency treatment in the event that I cannot be reached. I also understand that all payments are **non-refundable**.*

Signature _____

Date _____