

## **Permission to Participate in Open Gym**

For those not enrolled currently at Gymnastics East

Child's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent (legal Guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_

### **Phone Numbers:**

Home \_\_\_\_\_

Cell \_\_\_\_\_ Work or Pager \_\_\_\_\_

### **Emergency Contact (Other than Parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child(ren) has(have) permission to participate in Open Gym at Gymnastics East. I understand that he/she (they) will be involved in gymnastics related activities. I recognize that any activity involving motion or heights can create the possibility of injury. I give my permission to seek medical help if necessary.

*Signature of Legal Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_