



Twin City Twisters Parent Permission:

CHILD'S NAME has my permission to participate in a gymnastics class/party at Twin City Twisters Gymnastics. I am aware that there are risks involved and that serious injury, and even death may result with improper conduct of this activity. I have instructed my child to follow directions.

I give permission to Twin City Twisters Gymnastics and/or an appropriate medical facility to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Twin City Twisters Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on a parent's behalf.

I fully disclaim, waive, and discharge Twin City Twisters Gymnastics, their instructors, and directors from all claims with regard to any personal injury that may be incurred by my child during this class/party. My child is in good physical health, and there are no medical conditions which would limit his/her participation in class. I also understand that adults are not allowed in the gym(s) unless accompanied by a TCT staff member and have signed a release. **ADULTS ARE NEVER ALLOWED ON ANY EQUIPMENT.**

Date _____ Signature _____ (parent or guardian)

PLEASE PRINT CLEARLY

Child's date of birth _____

Emergency Phone _____

Special Note _____
