



Athlete Release

BIRTHDAY PARTIES

Parents Name(s) _____

Child's Name(s) _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Address _____

Street

City

Zip

Home Phone # _____ Cell Phone # _____

Email Address _____

Medical Conditions/Allergies _____

PERSONS AUTHORIZED TO PICK UP (OTHER THAN PARENTS):

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

I give permission for my child(ren) _____ to participate in birthday party activities at SCATS Gymnastics. I confirm that my child is in good health. In the event of an emergency I give my permission for SCATS to make the decision on medical care should I be unreachable at the numbers above. I also agree to hold SCATS and its staff harmless for any possible illness, accident, or injury which might occur during this time. I authorize and consent to any x-ray, examination, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Parent Signature _____ Date _____