



Special Activities Release Form
Birthday Parties, Camps, Parents' Night Out & more...

Parent 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 # \_\_\_\_\_

Permission Slip

I give permission for my child(ren) \_\_\_\_\_ to participate in 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 / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) \_\_\_\_\_

I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury or death, as well as other damages and losses associated with participation in any of the programs or activities at SCATS Gymnastics. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against SCATS Gymnastics, its owners, operators, administrators, coaches, all staff, and other members, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of participation or membership in classes, lessons, or any programs or activities of SCATS Gymnastics.

Parent / Legal Guardian / Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_