

Owego Gymnastics General Release and Emergency Contact Form

Child's Name _____ Parent's Name _____

Address: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

I, _____ parent/guardian of _____, hereby give permission for the above child to participate at Owego Gymnastics and Activity Center and all activities associated with the program attended at the Center. I understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and I intend this statement to take effect as a sealed instrument.

Any allergies or health conditions: _____

Signature of parent: _____ Date: _____

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