

PERMISSION FORM

As the legal guardian of _____, I give my permission for him/her to participate in a gymnastic class at BROWN'S GYMNASTICS. I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it a risk of injury. I understand that I am responsible for all medical expenses for my child which may occur during their participation. There is no further obligation by signing this one time release.

Parent/Guardian: _____ Phone #: _____

Child's Date of Birth: _____ Age: _____ Class: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____ Date: _____

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