



Parents Night Out Registration Form

Child's Name: _____ Age/

D.O.B.: _____

Sibling Name: _____ Age/

D.O.B.: _____

Parent(s) Name(s):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Name/ Phone: _____

Email: _____

*Please Check one: Member: _____ Non-Member: _____

Please List any medications or health issues the child has (allergies, medical conditions, etc.):

Permission Form and Waiver:

I hereby waive and hold harmless Gymstars Gymnastics. Its coaches, staff, or volunteers from any injury claims for damages in connection with the gymnastics program and/or other activities related to Gymstars Gymnastics Center. I further understand the risk involved for any athletic activity and will assume responsibility in case of an accident. I hereby consent and wish to have myself or my child/children actively participate in any function at Gymstars Gymnastics Center. I understand this is a structured program supervised by Gymstars Gymnastics Center.

Parent/ Guardian Print name: _____

Parent/ Guardian Signature: _____