

# Caregiver Open Gym Information Form 2016/2017

## Caregiver Open Gym Information Form 2017/2018

Caregiver(s):	Birthdate:	Age:
Street Address:		
City:	State:	Zip Code:
<b>Emergency Contact:</b>		
Phone:	Relationship:	

Privacy Notice: The above information will be used by the Dance and Gymnastics Academy of Tampa EXCLUSIVELY. This information will not be distributed to any other parties.

As the afore mentioned, I hereby consent to participating in The Dance and Gymnastics Academy of Tampa's programs. I recognize that injuries, even severe or fatal injuries, can occur in any activity involving height or motion. I hereby release The Dance Academy, Inc. dba The Dance and Gymnastics Academy of Tampa, its owner, instructors, employees, volunteers and property owner from all liability for any and all damages and injuries suffered by myself while under the instruction, supervision or control of the Dance and Gymnastics Academy of Tampa. I understand that I must be covered by personal health insurance as the insurance carried by The Dance Academy, Inc. and the property owner will NOT cover medical expenses incurred due to injuries suffered by myself at The Dance and Gymnastics Academy of Tampa.

Please initial stating you have read the above policy.

**Initials:**

**Are there any medical conditions/allergies that we should be aware of?**

*I, \_\_\_\_\_ understand that by signing below I am releasing The Dance and Gymnastics Academy of Tampa from any liability pertaining to myself. Please be aware that if a parent/guardian enters the gym, the parent/guardian is liable for any and all damages and injuries suffered while in the gym. The parent/guardian is not permitted to use any of the equipment at anytime.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_