

# Friday Night Open Gym Information Form 2018/2019

Student Name(s):	Birthdate:	Age:
Street Address:		
City:	State:	Zip Code:
Parents:		
Mother's Cell Phone:	Father's Cell Phone:	
Home Phone:	Email Address:	

Please Note: It is extremely important to include cell phone numbers if you do not plan to be in attendance during open gym. If a parent/guardian is not present and cannot be reached in the case of an emergency, 911 will be called to aid and assist your child.

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.

*Please list names of ALL parents/guardians that will be allowed to pick-up students. Only those listed below will be permitted to pick students up from open gym.*

<b>Guardian 1:</b>	<b>Cell Number:</b>
<b>Guardian 2:</b>	<b>Cell Number:</b>

As parent/guardian of the afore mentioned, I hereby consent to my child 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 my child while under the instruction, supervision or control of the Dance and Gymnastics Academy of Tampa. I understand that my child 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 my child 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?**

*We, the parent(s)/legal guardian(s), \_\_\_\_\_ and \_\_\_\_\_ understand that by signing below I am releasing The Dance and Gymnastics Academy of Tampa from any liability pertaining to myself and any of my children that enter the gym area. 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.*

Parent/Guardian Signature: \_\_\_\_\_

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

