



Gymnastics & Active Learning Center

Parental Consent & Release to Participation & Medical Care

Student's Last Name	Student's First Name	M	F	Age	Date of Birth	Home Phone #
Father's Name				Mother's Name		
Address				City		Zip Code
Father's Place of Employment		Occupation;				Cell Phone
		Work Phone:				
Mother's Place of Employment		Occupation:				Cell Phone
		Work Phone:				
Person To Contact In An Emergency If You Cannot Be Reached				Relationship		Phone #

Doctor's Name	Phone #
<h3>Parental Consent & Release to Participation & Medical Care</h3> <p>The Undersigned, the parent or guardian of the Student(s) listed above, a minor(s), makes this Agreement for the purpose of enabling the Student(s) to participate in the gymnastics, dance, cheerleading/tumbling, after school and camp programs offered at Lobo Gymnastics, Inc. dba Lobo Gymnastics and dba Lobo Gymnastics Active Learning Center. I am aware of the dangers inherent in such programs. I further agree that this consent to participation shall constitute a bar to any recovery in all suits and actions that may be instituted by myself or the Student for any injuries or other damages to the Student, whether or not such loss resulted from the negligence of the Student, or due to the risk incident to the programs, or due to the contributory negligence of the Student, the fellow students, the instructors or supervisors. This is a full and complete release of liability to Lobo Gymnastics, Inc., dba Lobo Gymnastics and dba Lobo Gymnastics Active Learning Center and their respective officers, directors, shareholders, teachers, instructors, and agents. The Undersigned hereby assumes full responsibility for the Student's personal safety and fully understands the risks involved in participation in such programs.</p> <p>Further, the Undersigned consents to the treatment of the Student for any necessary medical attention by any physician duly licensed to practice medicine in the State of Texas and any authorized hospital faculty and staff regarding any illness or injury to the Student. This authorization includes the calling of an ambulance service, paramedics, or other medical treatment personnel. I understand that this consent and release is sufficient for this purpose, and that no consent or release from any other person regarding the Student is required by law.</p> <p>DATED this the ____ day of _____, 20____.</p> <p>PARENT OR GUARDIAN OF STUDENT: Printed Name: _____</p> <p style="padding-left: 150px;">Signature: _____</p> <p>Past injuries, medical allergies, or special information that we should know about: _____</p> <p>_____</p>	