2020 DISCOVERY GYMNASTICS PARENTS NIGHT OUT RELEASE FORM

I understand that my child/children will be participating in sporting activities during his/her time at Discovery Gymnastics' Parents Night Out Program. I also understand that with any sport or physical activity there is a risk of injury and that Discovery Gymnastics and its staff will assume no responsibility for injuries or medical expenses incurred by my child. My child has no physical, mental, or emotional problems that would interfere with participation in this program.

MEDICAL RELEASE

I give permission for a licensed physician to administer any necessary aid, medical, or surgical, in the event of an emergency, to my child should he/she become injured or sick during Parents Night Out and I am unable to be contacted.

SIGNATURE (Must be Legal Guardian)					
DATE					
Email					
Best numbe	er to reach yo	ou			
CHILDCHILD			_ AGE	BIRTHDAY	
Date	Initials	Emergency pho	ne number fo	or tonight	