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Parent/Guardian Waiver and Release Form

THIS FORM MUST BE COMPLETED AND SIGNED OR YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN THE ACTIVITIES!

- Birthday Party Field Trip Sleepover/KNO Preschool Gymtime
 Open Gym Cheerleading Squads School Practices

Dear Parents:

We are pleased that your child has been invited to a Birthday Party, Field Trip, Sleepover, Open Gym, Cheerleading Squads or School Practices at Johnson Dance & Gymnastics. Our facility is an exciting place for your child to have FUN and learn. All of our events are structured under the supervision of one or more of our staff members, authorized instructors, or team coach. Before your child attends JDG, you must completely fill out the information below. Return this completed form to JDG or your teacher/coach.

Child's Name: _____ Age: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If Applicable School/Facility: _____ Date: _____

Parent/Guardian Waiver and Release Form: I fully understand that Johnson Dance & Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Johnson Dance & Gymnastics to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Johnson Dance & Gymnastics staff to seek medical help and/or call an ambulance. You agree that you are aware that your son/daughter will be engaging in physical exercise involving sports and fitness which could cause injury to them. You agree that your son/daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. Johnson Dance & Gymnastics, Inc. will make no evaluation or recommendation whether your son/daughter is physically fit for any physical activity. If your son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program.

Signature of Parent or Guardian: _____ Date: _____

Attire:

All participants should wear clothing suitable for gymnastics such as: shorts, T-shirts, sweat pants, nothing too loose or baggy. **Girls:** one piece leotards, hair pulled out of face. **Boys:** shorts and T-Shirt
NO jewelry is to be worn in class that includes friendship bracelets necklace rings etc....