

Student Waiver

PARENT/LEGAL GUARDIAN:

Name:	Contact #:			Email Address:		
Address:						
Street		City	City		Zip	
ATHLETE INFORMAT	ION:					
Athlete 1: Last:	F	irst:	MI:	Date of Birth:	Gender:	
Physical or Behavioral (
Medication or Food Alle						
	argres: rese Noc	ii i i i i i i i i i i i i i i i i i i				
Athlete 2: Last:	Fi	irst:	MI:	Date of Birth:	Gender:	
Physical or Behavioral (
-						
Medication or Food Alle	ergies? Yes□ No	☐ If YES, What?				
How did you hear abo	out SAGA?	□Internet	☐Yellow Pages	□Referral:		
		□ Demonstration	□Magazine	□Other:		
Why SAGA?						
•						
PHOTO RELEASE: From time to t	ime. the school t	akes pictures for promo	tional and training pu	rposes. By initialing, the	parent hereb	
grants a releas	e to the school to	o use any picture in whic	ch the child appears, f			
without any co	ompensation due	the student				
DRESS CODE:	Chin length ha	air or longer must be tied	d back away from face	2.		
Girls may wea	r:		Boys ma	v wear:		
A leotard, or sh	orts without zip		Shorts wi	Shorts without zippers, pockets, belt loops,		
belt loops, buckles or buttons (no jeans) & a T- shirt that is roomy, yet not too large (t-shirts				buckles or buttons (no jeans) & a T-shirt that		
can get wrapped around equipment.)				is roomy, yet not too large (t-shirts can get wrapped around equipment.)		
o o o	T. P	,	wrappea	arouna equipmentij		
COACHING OF YOUR (
		or talk to your child dun ezzanine area, these are			lass and your	
	E LODDY OF THE M	ezzamne area, mese are	as are strictly for view	ung pur poses.		
	·	ERMISSION TO PART				
Ι,		, as parent/guard			child(ren), an	
		cipate in activities at Sa e the inherent risks, includi			other damages	
sses associated with parti	icipation in the spo	ort of gymnastics and assur	ne the risks on behalf of	my child and myself. I furt	her agree that S	
crobatic Gymnastics Acad	emy, along with th	e employees, officers and o	lirectors of this organiza	ation shall not be liable for	any losses or	

damages occurring as a result of participation in its gymnastics program. I hereby give permission for any and all medical attention to be administered to myself or my child in the event of accident, injury, sickness, etc. until such time as I may be contacted or can give consent. I also

Date

assume the responsibility for the payment of any such treatment.

Participant's/Parent Signature