



IGM Gymnastics

USAG Open Championship Beach Party Sleepover Friday, March 9th

Registration and Permission Form



This permission form is required for any and all non-members and guests to participate in a sleepover at IGM Gymnastics. It must be filled out and signed by the legal parent or guardian of the child entering the gymnastics training area.

Parent's Name: _____ **Phone:** _____

Address: _____ **Cell:** _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Child 1 : _____ **Gender:** M F **Age:** _____ **Please Circle:** Half-night or Whole-Night

Date of Birth: ___/___/___ **Medical Allergies/Alert:** _____

Child 2 : _____ **Gender:** M F **Age:** _____ **Please Circle:** Half-night or Whole-Night

Date of Birth: ___/___/___ **Medical Allergies/Alert:** _____

Child 3 : _____ **Gender:** M F **Age:** _____ **Please Circle:** Half-night or Whole-Night

Date of Birth: ___/___/___ **Medical Allergies/Alert:** _____

Child 4 : _____ **Gender:** M F **Age:** _____ **Please Circle:** Half-night or Whole-Night

Date of Birth: ___/___/___ **Medical Allergies/Alert:** _____

Parent's Permission: _____ **has permission to participate**
(Child(ren) Name(s))

I give permission to IGM Gymnastics and/or appropriate medical facility to make whatever emergency (i.e. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child(ren) while under the supervision of IGM Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I fully disclaim, waive, and discharge IGM Gymnastics, their instructors and directors from all claims with regard to any personal injury that may be incurred by my child(ren) during this sleepover. My child is in good physical health and there are no medical conditions which would limit his/her participation in a sleepover.

I also understand that adults are not allowed in the gym unless accompanied by and IGM Gymnastics staff member and have signed a release. **Adults are never allowed on any equipment.**

Emergency Contact: _____ **Phone Number:** _____
(other than parents)

Parent Signature: _____ **Date:** _____

Sleepover Amount Due:
 _____ x \$25 = \$ _____
 _____ x \$40 = \$ _____
Total Amount = \$ _____
Cash or Check ONLY!
Check payable to IGM



Office Use only:
 Registration Date: ___/___/___ **Completed By:**
 Total \$ Paid: \$ _____ **SD** _____
 Payment Type _____ **CC** _____
 Received By: _____ **DM** _____