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**Open Gym Consent Form 2010**

**Student information**

Childs Name _____	Sex _____	Age _____	DOB _____
Childs Name _____	Sex _____	Age _____	DOB _____
Childs Name _____	Sex _____	Age _____	DOB _____
Childs Name _____	Sex _____	Age _____	DOB _____

Street _____	Home Phone _____
City _____	State _____ Zip _____
Mom's Name _____	Cell Phone _____
Dad's Name _____	Cell Phone _____

Does your child have any medical conditions or allergies? \_\_\_\_\_

Name of child's health insurance \_\_\_\_\_

How did you learn about Indigo Gymnastics Center? \_\_\_\_\_

Would you like to be on our email list? \_\_\_\_\_

**Assumption of Risk, Waiver of Liability, and Permission for Medical Treatment**

As the parent and/or legal guardian of the above named, I hereby consent to my child's participation in the Indigo Gymnastics Center programs. I acknowledge, understand, and accept the risks associated with the sport of gymnastics and its related activities, including potentially severe injury, paralysis, and even death. I verify that my child is qualified to participate in such activity, is in good health and in proper physical condition. Should my child sustain injury, I hereby forever release Indigo Gymnastics Center and its owners, operators, staff, employees, and members from any and all claims, liability, damages, and demands. I certify that my child has health insurance, and in the event of an emergency, I authorize and grant Indigo Gymnastics Center and its staff to administer temporary first aid treatment and/or if necessary, transport my child to the hospital, and accept responsibility for all associated expenses. I represent that the above waiver is understood completely and is signed voluntarily.

Signature of Parent/Legal Guardian \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_