

LIABILITY WAIVER & MEDICAL RELEASE
(Must be completed for child to participate)

Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury. FUNTASTICS, its coaches and staff will not accept responsibility for any student during any activity provided or sponsored by FUNTASTICS. With this in mind, I consent to have my child participate in the activity or program offered by FUNTASTICS. I understand the parent's responsibility to make their child aware of the risks involved and encourage their child to follow safety rules and coaches instructions.

I hereby authorize FUNTASTICS staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary to seek outside additional medical attention.

(Please Print)

How Did You Hear About Us? _____

Mother's Name _____

Father's Name _____

Child's Name _____ Male ___ Female ___ Birthdate _____

Child's Name _____ Male ___ Female ___ Birthdate _____

Address _____

City _____ Zip Code _____

Phone _____ Cell/Pgr _____

Parent Signature _____ Date _____