

Please print out form and return to your child's school

Flying Angels

GYMNASTICS

REGISTRATION and RELEASE (Please print clearly)

FLYING ANGELS Gymnastics at _____
(School name)

Child's name _____ Child's Birthdate _____

Address: _____ City: _____ Zip _____

Email: _____ Home Phone: _____ Cell _____

Parent/Guardian (print) _____

I understand that my child will be participating in a gymnastics activity. I understand that as with all physical activities, there is a chance for injury. I therefore hold Flying Angels Gymnastics, its instructors and its officers harmless should any injury occur. Also, unless otherwise stated, I agree to allow my child to participate in all gymnastics activities and for photographs and/or video (no names will be used) of the above named minor to be used for marketing purposes.

Signature: Parent or Guardian

Date