



WAIVER FORM

**WAIVER FORM MUST BE FILLED OUT COMPLETELY  
OR PARTICIPANT(S) WILL NOT BE ALLOWED ON THE FLOOR**

In order to use one form for multiple Participants the Participants **MUST ALL** have the same Parent/Guardian **AND** must be attending the same Party or Drop-In. No exceptions.

Name of Participant #1: \_\_\_\_\_ Age of Participant: \_\_\_\_\_ Male/Female

Name of Participant #2: \_\_\_\_\_ Age of Participant: \_\_\_\_\_ Male/Female

Name of Participant #3: \_\_\_\_\_ Age of Participant: \_\_\_\_\_ Male/Female

Name of Participant #4: \_\_\_\_\_ Age of Participant: \_\_\_\_\_ Male/Female

Name of Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

In the event of accident, injury or illness involving any child of mine (specifically including my child{ren} named above as "participant") while in, on or about the premises of Calico Gymnastics Club or participating in any activity sponsored by or under the stated:

- 1) I hereby voluntarily authorize and consent to myself, my spouse, or any child of mine for any necessary medical care, attention, and treatment by any hospital, as any physician may deemed necessary or advisable, including x-ray examination, anesthetic, medical or surgical procedure.
- 2) I agree to pay the cost of such medical care, attention or treatment deemed necessary.
- 3) I understand Calico Gymnastics Club is not responsible for any such liabilities that may occur in, on or around the gym.

It is understood that efforts shall be made to contact legal guardians prior to treatment of the child, but that any above treatment will not be withheld if the undersigned cannot be reached,

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

\_\_\_\_\_  
Date