

# SPRINGER'S TRIAL CLASS FORM

(PLEASE PRINT)

Start Date: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First)

Parents' Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

## RELEASE STATEMENT

Participation in gymnastics activities involves motion, rotation and height in a unique environment. As such, it carries with it a reasonable assumption of risk. As with any sport activity, injuries can result from improper conduct of that activity. Although most injuries that occur in gymnastics are minor in nature, the potential for the rare catastrophic injury does exist. Therefore, it is important for every student enrolled in Springer's program and their parents to appreciate the risk involved.

I have read the Release Statement and understand that, as with any sport activity, there is a reasonable assumption of risk when participating in gymnastic activity. I give my permission for my child, \_\_\_\_\_, to participate in the program offered by Springer's gymnastics and release Springer's gymnastic from all liability should an accident occur.

\_\_\_\_\_

(Signature of Parent or Guardian)