

# AERIAL GYMNASTICS ACADEMY

## Play Date Consent Form

*(Please fill out and bring to Play Date!)*

|               |         |     |
|---------------|---------|-----|
| Guest's Name  |         |     |
| Birthdate     | Phone # |     |
| Address       |         |     |
| City          | State   | Zip |
| Parent's Name |         |     |

I am aware that participation in gymnastics involves risk and possible injury. I understand and agree that Aerial Gymnastics Academy and its staff will assume NO responsibility for injuries or medical expenses incurred by my son/daughter or myself. My child (or I) has (have) no physical, mental or emotional problems that would interfere with participation in this program.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

### WHAT TO WEAR

- T-shirt and shorts, leotard or warm-up suit is recommended
- No baggy clothing, zippers, belts, buckles or jewelry
- No shoes, socks are optional
- Long hair must be tied back.

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