



Open Gym & Free Activity Release

CONTACT INFORMATION

Student's Name: _____	Birthday: _____ (month/day/year)	Age: _____
Street Address: _____		
City: _____	Zip Code: _____	Phone: _____
Parent Name: _____		Email: _____
Phone: _____		Email: _____
Emergency Contact: _____	Phone: _____	Relationship: _____
How did you find out about Thunder Elite? _____		

Medical Release and Policy Acknowledgments:

I, the parent or legal guardian of the above named student, do hereby permit the above named student to participate in gymnastics, tumbling, cheerleading or any other physical activities at T.G. Thunder, Inc. hereafter referred to as Thunder Elite. By granting permission for above named student to participate in programs at Thunder Elite, I assume full responsibility for said student's personal safety and release Thunder Elite, its supervisors and employees from any and all liabilities that may arise due to any injury including death to above named student by reason of student's participation in any activity at Thunder Elite.

Signature: _____ Date: _____