

PARTICIPANT REGISTRATION

NAME _____

AGE _____ SCHOOL _____

PARENT/GUARDIAN(s) _____

ADDRESS _____

PHONE(S) _____

EMAIL _____

EMERGENCY CONTACT (DURING CAMP) HOURS

NAME _____

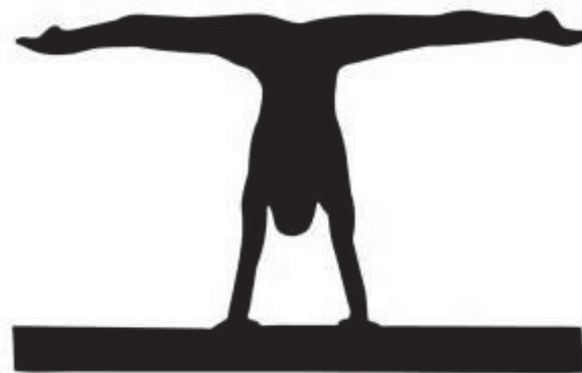
BEST NUMBER TO CALL (CELL/HOME) _____

LIABILITY RELEASE

I AGREE TO HOLD HARMLESS THE KENT SCHOOL DISTRICT, KENTLAKE COACHES AND EMPLOYEES, FROM ALL DEMANDS, CLAIMS, ACTIONS AND DAMAGES ARISING OUT OF INCIDENCE OCCURING DURING THE AFORMENTIONED ACTIVITY.

I UNDERSTAND THERE IS AN INHERENT RISK TO THIS ACTIVITY AND REALIZE INJURIES MAY OCCUR. MY CHILD IS COVERED WITH PERSONAL INSURANCE THAT WILL BE USED TO TREAT ANY INJURIES THAT MAY ARISE. BY SIGNING BELOW, I AM CLAIMING THIS INFORMATION TO BE TRUE AND UNDERSTOOD.

PARENT/GUARDIAN SIGNATURE:



- _____ 1ST YEAR GYMNAST
- _____ 2ND/3RD YEAR GYMNAST
- _____ 4TH YEAR + GYMNAST

QUESTIONS??

**Email Coach Sheila at
Sheilaclark0930@gmail.com**