

Houston Gymnastics Academy
5804 S. Rice Ave Houston, Texas 77081
713-668-6001

Please fill out this form and give it to the front office prior to participating in an activity.
Thank you.

My child(ren), _____, has permission to attend an Open Gym, Super Saturday, Parents Night Out or a Birthday Party at Houston Gymnastics Academy. I confirm that my child is in good health and fully able to participate.

In the event of emergency I give my permission to Houston Gymnastics Academy to make the decision to obtain medical care should I be unreachable at the number(s) below.

I am fully aware that any activity involving motion or height creates the possibility of serious injury or even death and that any athletic activity has certain unavoidable risks

I further agree to hold harmless Houston Gymnastics Academy, its teachers, staff and gym for any and all injuries resulting expenses arising out of participation in the birthday party activities.

I release and discharge any and all rights and claims against Houston Gymnastics Academy.

Please circle special event your child is attending

Open Gym

Super Saturday

Parents Night Out

Birthday Party

Parent's Name _____

Address _____

City _____ Zip _____

Member: Yes No

Home phone: _____

Work/cell _____

Email address _____

Parent's signature _____

Date: _____

