

Parents Night Out at Gymlingo

Child's Last Name: _____ Frist Name: _____
DOB _____ M / F Food Allergic _____
Medical Issue _____

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Medical Release

I/we the parent, do hereby give our consent and permission for our son/daughter to participate in the activity designated, and do authorize Gymlingo Academy's staff to act in my/our behalf during such activity in all matters.

I/we authorize any physician, surgeon, practitioner, medical institution, clinic or hospital to provide emergency or other required treatment or attention for my son/daughter in the event I can not be reached.

Parent Name(print) : _____ Cell Phone: _____

Emergency Contact (if parent cannot be reached)
_____ Cell Phone _____

Parent Signature _____ Date _____

Cost: \$20/member and \$25/non-member. Family with multiple children attending will receive \$3 off for the second, \$5 off for the third child.

Payment

Total : _____