

# GYMCATS At The Point

Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

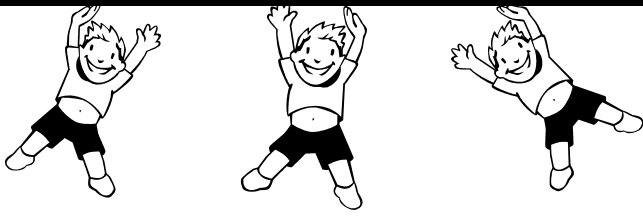
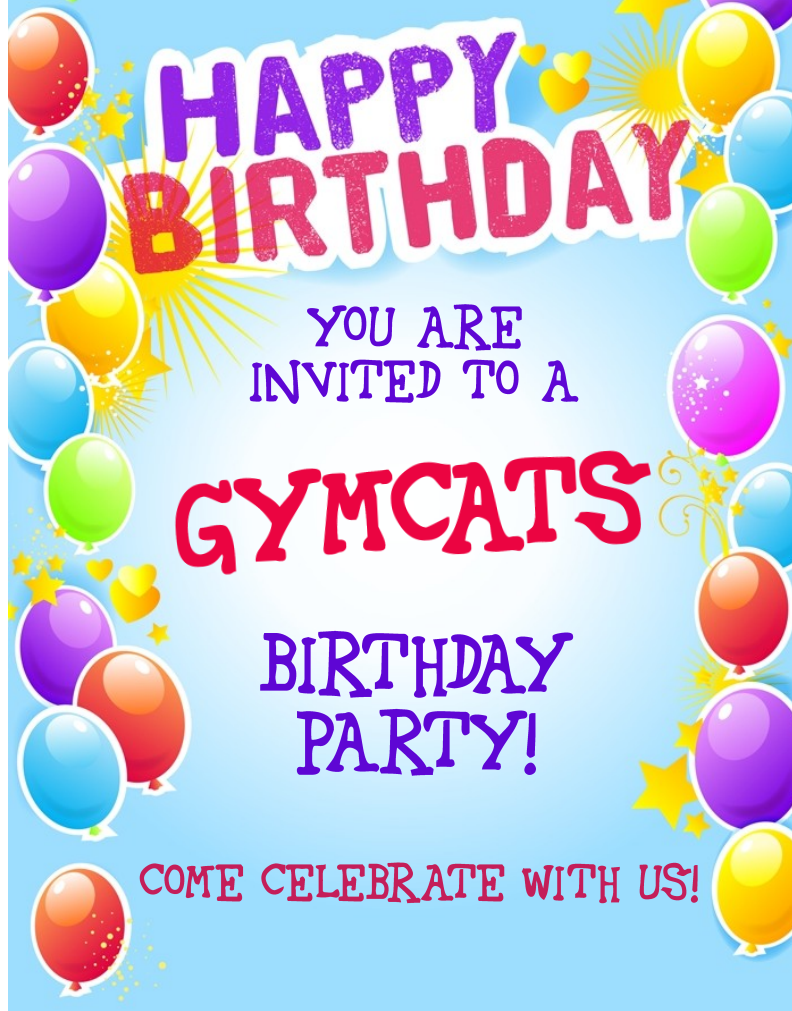
### Child(ren) Information

First Name	Last Name	Birthdate	Sex
1			
2			
3			

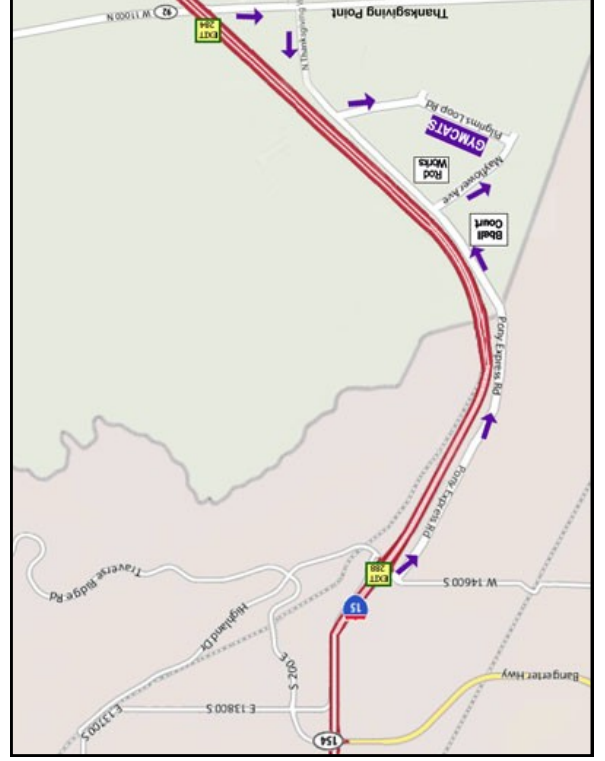
**Liability Waiver:** I am aware that participation in this sport could be a dangerous activity involving many risks of injury, including but not limited to serious head or neck injury, paralysis, or even death. I hereby assume all risks associated with the sport of gymnastics and agree to hold Gymcats harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in this sport.

I, as parent or guardian, have been informed of the risks inherent in this sport as outlined above and agree to hold Gymcats and staff members harmless from any liability which may arise out of participation in class training sessions, related activities or traveling to and from stated class schedules or related activities.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**FOR:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_  
**PLACE:** GYMCATS GYMNASTICS  
 3300 WEST PILGRIMS LOOP RD  
 LEHI, UT  
**Rsvp:** \_\_\_\_\_



How do we get there?

For more information, or for step by step directions please go to [www.gymcatspoint.com](http://www.gymcatspoint.com)