



Registration and Medical Release Form for Camps and Clinics

Deposit of \$ 25.00 must accompany this form. Deposits are applied toward the tuition and are nonrefundable. Make checks payable to: DANIK Gym 345 S. Adkins Way, Suite 104, Meridian, ID, 83642

Parent/Guardian Name _____

Participant Name _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

In case of emergency, please contact: _____ Phone (____) _____

Session _____

Having been informed of the activities to be conducted by the DANIK School of Gymnastics, INC. I, a parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program. I assume all risks and hazards incidental to the program. I further release, waive, and forever discharge any and all claims against DANIK School of Gymnastics, INC, it's owners, instructors, employees and officers, holding them harmless from any illness or injury of the participation occurring during the activity.

Furthermore, I hereby authorize the head coach or program director of the DANIK School of Gymnastics, INC. to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which affect my child's ability to safely participate in this activity.

In the event of an emergency, I/we authorize DANIK School of Gymnastics, INC to secure treatment by an accredited hospital and/or physician deemed necessary for the immediate care of our child/children and that we will be responsible for payment of medical services rendered.

Signature of parent/guardian Date

