



Lobo Gymnastics



2500 Falcon Pass ♦ Houston, TX 77062 ♦ 281/480-5626 (Fax) 281/480/9683

Gymnastics Consent to Participate Form Parent's Night Out

_____ Student's Last Name	_____ First	____ male ____ female	____ Age	_____ Date of Birth	_____ Home Phone #
Father's Name: _____			Mother's Name: _____		
Address: _____			City: _____		Zip Code: _____
Father's Place Of Employment: _____		Occupation: _____ Work Phone #: _____		Cell Phone: _____	
Mother's Place Of Employment: _____		Occupation: _____ Work Phone #: _____		Cell Phone: _____	
Person To Contact In An Emergency If You Cannot Be Reached:					
Name: _____		Relationship: _____		Phone #: _____	
Doctor's Name: _____				Phone #: _____	
Parental Consent & Release to Participation & Medical Care					
<p>The Undersigned, the parent or guardian of _____ (the "Student"), a minor, make this Agreement for the purpose of enabling the Student to participate in the gymnastics, dance, and cheer, swim lessons, field trips or Open Gym offered at Lobo Gymnastics. I am aware of the dangers inherent in such a program. I further agree that this consent to participation shall constitute a bar to any recovery in all suits and actions that may be instituted by myself or the Student for any injuries or other damages to the Student, whether or not such loss resulted from the negligence of the Student, or due to the risk incident to any of the programs offered, or due to the contributory negligence of the Student, the fellow students, the instructors or supervisors. This is a full and complete release of liability to LOBO GYMNASTICS, INC. and their respective officers, directors, shareholders, teachers, instructors, and agents. The Undersigned hereby assumes full responsibility for the Student's personal safety and fully understands the risks involved in participation in such a program.</p> <p>Further, the Undersigned consents to the treatment of the Student for any necessary medical attention by any physician duly licensed to practice medicine in the State of Texas and any authorized hospital faculty and staff regarding any illness or injury to the Student. This authorization includes the calling of an ambulance service, paramedics, or other medical treatment personnel. I understand that this consent and release is sufficient for this purpose, and that no consent or release from any other person regarding the Student is required by law.</p>					
DATED this the _____ day of _____, 20____.					
PARENT OR GUARDIAN OF STUDENT:				Printed Name: _____	
				Signature: _____	
Past injuries, medical allergies, or special information that we should know about: _____					

****PARENTS: ENTIRE FORM MUST BE FILLED OUT COMPLETELY WITH SIGNATURE & PRINTED NAME/DATE
Children should wear comfortable clothing: no zippers or snaps/ girls hair in ponytail. We are excited that your child will participate in this FUNtastic Event.