

Phoenix Academy of Performing Arts of Pennsylvania PERMISSION SHEET/RELEASE FORM

Child's Name: _____ Birth Date: _____

Age: _____ M / F Has this child been to Phoenix before? Yes No

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Cell # _____ Home # _____

IN CASE OF EMERGENCY, PLEASE CONTACT (Other than parent's):

Name: _____ Phone: _____

PLEASE NOTE ON REVERSE SIDE ANY SPECIAL MEDICAL CONDITIONS, ALLERGIES, HANDICAPS, ETC., OF WHICH THE PHOENIX STAFF SHOULD BE AWARE.

*****FOR INSURANCE REASONS, PARENTS ARE NOT ALLOWED IN THE GYM*****

We, the staff of Phoenix Academy of Performing Arts recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, circus arts, dance, physical education and sports instruction. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, trampoline, tumbling, circus arts, dance and physical education and sports instruction can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Phoenix Academy of Performing Arts, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, circus arts, dance or physical education and sports instruction, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Phoenix Academy of Performing Arts of Pennsylvania. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Phoenix Academy of Performing Arts and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parents feels is appropriate. Phoenix Academy of Performing Arts will only warn the child through our student handbook, posted safety rules and our teaching style and progressions.

Parent's Signature _____

Date _____