

SCHUTZ GYMNASTICS
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**Acknowledgment of Risk Statement
Medical Information
Permission Slip**

Gymnast's Name: _____

Parent's Names: _____

Address: _____

Phone: _____ Date of Birth: _____

Name and # of emergency contact: _____

Please indicate any physical condition your child may have: _____

Medical Insurance carrier and policy number: _____

Please read the awareness of risk statement below, and indicate your understanding of the statement, by signing on the appropriate line below. Please review this information with your child and ask questions of your child's instructor if you don't understand all of the information.

By the very nature of the activity, gymnastics carries a risk of physical injury. While I expect my child to be generally supervised by properly trained adults, no matter how many spotters are used, no matter what height is used or landing surface exists, the risk of injury includes minor injuries, such as, bruises and more serious injuries such as, broken bones, dislocations, and muscle pulls. The risk also includes, catastrophic injuries, such as, permanent paralysis, or even death, from falls on the back, neck, or head. I also have discussed with my child the importance of following the progressions and safety rules given by the instructor.

I have read this statement, understand the information printed above, and will review it with my child.

(parent or guardian's signature)

Child's Class: _____ Date: _____

Please initial here if you give permission to use your child's photo on web-site _____