

Head Over Heels Gymnastics, Inc. - Guest Authorization Form

412 Washington Street, Norwell, MA 02061 781-659-3378 HOHNorwell@gmail.com

www.headoverheelsma.com

Student _____ M / F D.O.B. _____

Student _____ M / F D.O.B. _____

Address _____ City, State, Zip _____

Parent/Guardian _____ Home Phone# _____

Cell Phone # _____ Emergency Contact/Phone# _____

Please list any allergies or concerns: _____

AUTHORIZATION

I _____, parent/guardian of _____, hereby give permission to said son/daughter to participate in the activities at Head Over Heels Gymnastics, Inc. I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify to my son/daughter's sound health of mind and body. I authorize Head Over Heels Gymnastics, Inc. to seek medical treatment at the nearest medical facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Photo Opportunities: During the course of the year, there are many photo opportunities your child may be exposed to either at Head Over Heels Gymnastics, during away meets, gym events, etc. Photos may be used for newspapers, our website, posted in the gym, etc. If you do not want your child's picture used in any public forum, please indicate by submitting written notice stating such. Please include name, class or event day/time, and signature.

Signature of Parent/Guardian _____ **Date** _____