



Bring A Friend to Class!

Corkscrew Gymnastics
2309 N Ringwood, Ste Q McHenry
815-345-5400



Who: You and Your Friend!

Why: Show your friend all the cool things
you've learned at Corkscrew Gymnastics!



Invite a friend to bring with you to your regular class. Make sure they wear comfortable clothing (no jeans, buckles or jewelry). Also, they will need to bring the signed waiver to participate in class. Thank You!

Corkscrew Gymnastics & Sports Academy Event Waiver

Name of Friend who invited you _____

Child's Name _____ DOB _____

Address _____ City _____

Does your child have any allergies/medical concerns? _____

Parent/Guardian Name _____

Home # _____ Cell # _____

Email _____

I understand the sport of gymnastics involves certain inherent risks, including the possibility of serious injury or death. In consideration of my child's participation in these activities, including but not limited to gymnastics classes, tumbling/cheer classes, private lessons, clinics, open gym, competitions, team work-outs or any special events of Corkscrew Gymnastics & Sports Academy, it's respective owners, officers, employees and members and do hereby myself, my heirs, executors, and administrators, release and forever discharge all rights and claims for damages which I or my child may have or which may hereafter accrue to me or my child arising out of or connected with me or my child's participations in any activities of Corkscrew Gymnastics & Sports Academy. My child has also been informed of the risk of possible injury while participating in any gymnastics related activity.

I hereby declare myself and/or my child to be physically sound, having medical approval to participate in activities of Corkscrew Gymnastics & Sports Academy. In the event of an injury, I hereby give my permission to Corkscrew Gymnastics & Sports Academy staff to render any first aid emergency treatment to my child while participating in any activity of Corkscrew Gymnastics & Sports Academy. It is understood that in an emergency situation, a conscientious effort will be made by the staff to inform the parent(s) or guardian(s) listed above. I accept responsibility for any and all medical treatment rendered to myself or my child. I grant Corkscrew Gymnastics & Sports Academy staff permission to transport or call for transport to an area hospital or treatment facility if it is deemed necessary.

By signing below, I acknowledge and agree with the statements disclosed above as well as the Rules and Policies which can be provided to see if necessary. To ensure the safety of my child, I will update any changes in my contact information as necessary.

☐ I hereby grant permission to Corkscrew Gymnastics & Sports Academy for the use of my child's photo, and/or name for publications promoting activities sponsored by Corkscrew Gymnastics & Sports Academy.

Parent/Guardian Signature

Date

Relationship to Child