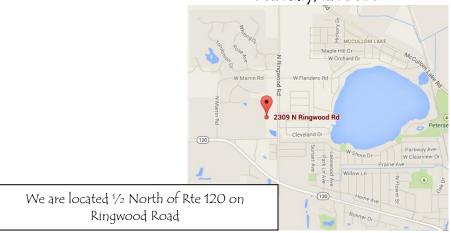
## Welcome to Corkscrew Gymnastics & Sports Academy

## We are located at: 2309 N. Ringwood Road McHenry, IL 60050.



Please wear comfortable clothing. No baggy clothing, hoodies, belts, jeans or clothing with zippers. Shirts need to be able to be tucked in. No skirts/tutu with leotards. Long hair should be pulled back. No jewelry or gum.

Corkscrew Gymnas	stics & Sports Academy Eve	ent Waiver
1 <sup>st</sup> Child's Name		DOB
2 <sup>nd</sup> Child's Name		DOB
Address	City	
Does your child have any allergies/medical concerns?		
Parent/Guardian Name		
Home #	Cell #	
Emergency Contact Name and Number		
Email		
How did you hear about us? ☐ Website ☐ Outdoor Sign ☐ Advertisement (which one)	n ☐ Friend/Family (Name) ☐ Other	
I understand the sport of gymnastics involves certain inherent risks, including the post of gymnastics classes, tumbling/cheer classes, private lessons, clinics, open gym, conficers, employees and members and do hereby myself, my heirs, executors, and a may hereafter accrue to me or my child arising out of or connected with me or my clithe risk of possible injury while participating in any gymnastics related activity.	ompetitions, team work-outs or any special events or administrators, release and forever discharge all rig	of Corkscrew Gymnastics & Sports Academy, it's respective owners, ghts and claims for damages which I or my child may have or which
I hereby declare myself and/or my child to be physically sound, having medical apprepermission to Corkscrew Gymnastics & Sports Academy staff to render any first aid understood that in an emergency situation, a conscientious effort will be made by trendered to myself or my child. I grant Corkscrew Gymnastics & Sports Academy sta By signing below, I acknowledge and agree with the statements disclosed above a update any changes in my contact information as necessary.	d emergency treatment to my child while participatir the staff to inform the parent(s) or guardian(s) list aff permission to transport or call for transport to an	ng in any activity of Corkscrew Gymnastics & Sports Academy. It is ed above. I accept responsibility for any and all medical treatment area hospital or treatment facility if it is deemed necessary.
☐ I hereby grant permission to Corkscrew Gymnastics & Sports Academy for the use Corkscrew Gymnastics & Sports Academy.	e of my child's photo, and/or name for publications p	promoting activities sponsored by
Parent / Guardian Signature	Relationship	Today's Date

☐ Open Gym ☐ Dodgeball ☐ Other

☐ Birthday Party