

GIRLS INC. OF GREATER SANTA BARBARA GYMNASTICS

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Email: gymnastics@girlsincsb.org

Release Form

I hereby give my permission for _____ to participate in any Gymnastics program taking place at Girls Inc. of Greater Santa Barbara.

I understand that Girls Incorporated and its staff are not responsible for personal injury or loss of property of any kind. I give consent to Girls Incorporated, its leaders, coaches, and employees to obtain any and all medical care for the aforementioned in the event of an emergency situation, or accident should occur, which reasonably requires such care while the above named child is taking part in activities sponsored by Girls Incorporated of Greater Santa Barbara Gymnastics. I further agree to pay all medical charges incurred in the connection with such care not provided by the Girls Incorporated of Greater Santa Barbara Insurance policy.

Child's Name _____ Age _____

Print Parent/Guardian Name _____

Address _____

Parent/Guardian Signature _____

Phone _____ Date _____

Emergency Contact: _____

Name & Relationship _____

Phone _____

Any pertinent medical information, medical, physical or otherwise: _____
