



THE PARKETTES NATIONAL GYMNASTICS TEAM, INC  
401 Martin Luther King Jr. Drive, Allentown, PA 18102  
610-433-0011

Complete this form and return with payment. Or call payment in and fax this form to 610-433-8948. This form must be presented prior to participating in this activity.

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance information (name of company and number):

\_\_\_\_\_

In consideration of participating in the Parkettes National Gymnastics Team, Inc. and if not yet 18 years old, my parents or legal guardians agree to be bound by this Agreement (the term "I" in this Agreement refers to both the gymnast and her or his parents or legal guardians), I represent that I understand the nature of the activities offered which include but not necessarily limited to sports activities, classes, competitions, team and other activities such as cheerleading (hereinafter collectively referred to as "Activity"), and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully accept and assume all such risks and all responsibility for losses, cost and damages, I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue above said Parkettes, its respective administrators, directors, agent, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages on my account.

Parkettes reserves the right to use my child's photo in any publicity promoting their programs. Parkettes does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap in admission to its programs and activities.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT : AND, I, the minor's parents and/or legal guardians, understand the nature of the above-referenced activities, waive and release any and all rights against Parkettes, its respective administrators, directors, agent, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, injury or damages that may be suffered by me or my children (minor) in connection with our association or entry in gymnastics, or other activities sponsored by Parkettes National Gymnastics Team, Inc.

Signature of Parent or Guardian Father: \_\_\_\_\_

Signature of Parent or Guardian Mother: \_\_\_\_\_

Date: \_\_\_\_\_