

West Valley Gymnastics School Permission Slip / Release

**** Participants must bring this to the gym on the day of the party ****

I understand that my child will be participating in gymnastics activities at West Valley Gymnastics School, located at 1190 Dell Ave. in Campbell, Ca. I understand that as with all physical activities, there is a chance of injury. I, therefore, hold West Valley Gymnastics School, it's employees, and it's officers harmless should any injury occur.

With the above in mind, I hereby release WVGS' Staff to render temporary first aid to my child(ren) in the event of injury or illness, and if deemed necessary to seek medical help, including transportation to a health care facility, or the calling of an ambulance. I do hereby authorize any trained medical professionals to administer emergency treatment to my child should illness or injury occur in my absence.

Signed _____
Parent or Legal Guardian

Child's Name _____ Parent's Name _____

Address _____

Phone # _____ Date _____ Alt. Contact & Phone _____