

**Lakewood Ranch Gymnastics  
Open Gym/ Birthday Party/ Day Camp  
Release Form**

**Please circle which event you are attending:**

**Open Gym    Birthday Party    Day Camp**

**Childs Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

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**Childs Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home number** \_\_\_\_\_ **email address** \_\_\_\_\_

**Emergency Contact (other than parent)** \_\_\_\_\_

**Contact number** \_\_\_\_\_ **relationship to student** \_\_\_\_\_

**Any special medical conditions we should be aware of** \_\_\_\_\_

\_\_\_\_\_

**How did you hear about LWRG?** \_\_\_\_\_

**PLEASE READ CAREFULLY and INITIAL THE FOLLOWING:**

\_\_\_\_ **Initial** I fully understand that Lakewood Ranch Gymnastics ( LWRG) members are not physicians or medical personnel of any kind. With this is mind, I herby release the LWRG staff to call a doctor and to seek medical attention including transportation by a LWRG staff member and/or its representatives, whether paid or volunteer to a health care faculty or the calling of an emergency response team for said child to any health care facility or hospital should the LWRG staff deem necessary..

