



Glovertown Hurricanes Gymnastics Club
Email: glovertowngymnastics@gmail.com
Number: 709-533-8668

Acknowledgement of Risk, Consent to Participate and Medical

Do you (parent or guardian) consent to your child participating in a recreational or competitive program with Glovertown Hurricanes Gymnastics Club program

_____ I Consent

_____ I Do Not Consent

Do you acknowledge that there is a potential risk to injury involved in training and participating in any sport. Both Glovertown Hurricanes Gymnastics Club and GNL have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastics area, which MUST be followed.

_____ I Consent

_____ I Do Not Consent

Do you acknowledge that should your child noted above require any emergency treatment and neither parent or the listed emergency contact are able to be contacted, you consent to an authorized representative of Glovertown Hurricanes Gymnastics Club to authorize any necessary emergency medical treatment

_____ I Consent

_____ I Do Not Consent