



Woodlands Gymnastics

20100B Holzwarth Rd, Spring Texas 77388

FIELD TRIP CONSENT REGISTRATION FORM

Note: If you are ready registered in and WGA class, you need not fill out this form

Child's Name _____ Parent's _____

Address: _____ Phone: _____

Emergency Contact & Phone: _____

RELEASE AND AUTHORIZATION

I authorize Woodlands Gymnastics Academy (WGA) to consent to medical treatment for my child in the occasion that I cannot be reached. I am aware that any activity involving height or motion creates the possibility of injury and I further agree to hold WGA and its staff harmless for any injury or resulting expenses. I release and discharge any and all rights and claims against WGA, and its parties. Please note that we carry insurance, but this coverage pays the medical expenses actually incurred by a participant when an accidental injury occurs while participating in covered club activities. The coverage is excess coverage and begins after the exhaustion of all other coverage for which the participant may be eligible. If no other coverage exists, this coverage becomes primary, after the deductible has been paid.

Signature of Parent or Legal Guardian: _____ Date: _____



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