

**NITTANY GYMNASTICS ACADEMY  
PERMISSION SHEET/RELEASE FORM**

Child's Name: \_\_\_\_\_+\*\*\*\*+\_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ M / F Phone: \_\_\_\_\_ Has this child been to Nittany before? Yes No

Parent's Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone - Cell \_\_\_\_\_ Home \_\_\_\_\_

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IN CASE OF EMERGENCY, PLEASE CONTACT (Other than parent's):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE NOTE ON REVERSE SIDE ANY SPECIAL MEDICAL CONDITIONS, ALLERGIES, HANDICAPS, ETC., OF WHICH THE NITTANY STAFF SHOULD BE AWARE.

**\*\*\*FOR INSURANCE REASONS, PARENTS ARE NOT ALLOWED IN THE GYM\*\*\***

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We, the staff of Nittany Gymnastics Academy recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading and physical education and sports instruction. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading and physical education and sports instruction can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Nittany Gymnastics Academy, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading or physical education and sports instruction, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Nittany Gymnastics Academy. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Nittany Gymnastics Academy and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parents feels is appropriate. Nittany Gymnastics Academy will only warn the child through our student handbook, posted safety rules and our teaching style and progressions.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_