

THE GYMNASTICS PLACE

RELEASE FOR TRIAL CLASS

In consideration of your instructional services, I hereby allow my child(ren) to participate in a trial class or special activity. I hereby release The Gymnastics Place, it's agents and instructors, from any and all claims resulting from injury or damage that may be sustained by my child(ren) while participating in any of the programs offered at The Gymnastics Place.

Student's name _____ Students date of birth _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Parent's name _____ Home phone _____ Cell _____
 Parent signature _____ Today's date _____
 Email _____

HOW DID YOU HEAR ABOUT US? Yellow Pages __, Internet __, Friend __, School __, Drive By __

For office use only

Class tried (day) _____ (time) _____ (instr.) _____ (date) _____
 Follow up call (date) _____ (by) _____
 Comments: _____

trialclassform11

Programs Offered

Gymnastics (18 months and up)
 Cheerleading
 Tumbling
 Martial Arts
 Hip Hop Dance
 KidFit (childrens fitness)
 Pilates (moms)
 After School Pick Up Programs

Birthday Parties
 Parents Night Out
 Day Camps (when school is out)
 Summer Camps



Information on this form will not be shared with any other company or organization for any reason. It is used exclusively for The Gymnastics Place.

North Dallas

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 Dallas, TX 75252
 972-248-2805

