

**The Gymnastics Spot  
847-949-7768**

**Permission Statement Form**

My child has my permission to attend and participate in the Gymnastics Spot Ltd "Discovery Camp Inc. Field Trip". I attest to my child's good health. I will, in no way, hold The Gymnastics Spot officials or staff members responsible for any possible accident, illness, or injury, which may occur in any workout or training session. I also give my permission to a Discovery Day Camp Director to call an ambulance in the event of an accident, illness, or injury.

I have read the above statement and fully understand it and agree to abide by it.

PARENT'S OR GUARDIAN SIGNATURE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip)

TELEPHONE: \_\_\_\_\_ EMERGENCY NUMBER (S): \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_