



FIELD TRIP PERMISSION FORM
 COMPLETED form is required for participation

Student FIRST NAME		Student LAST NAME		Birth Date	Age	Male	Female
Parent FIRST NAME		Parent LAST NAME		Has your child been to Altius before? (circle) YES / NO			
Address				City		Zip	
Primary Phone				Phone 2			
E-Mail							
WAIVER & RELEASE OF LIABILITY I, parent or guardian of the participant, am aware of the risk of injury in gymnastics that is due to the nature of the activity. I hereby authorize the agent, officer, or employee of Altius Gymnastics to act for me according to his/her best judgment, in any emergency requiring medical attention, and hereby waive and release agents, officers, and employees from any and all liability for any injuries, illness, or loss of property incurred while participating in any Altius program. In case of accident or illness, my insurance company is the primary carrier. By your child's participation in the field trip, you are granting your permission for you and your child to be filmed, audiotaped, or photographed by any means and are granting full use of your or your child's likeness, voice, and words without compensation.							
Parent/Guardian signature					Date		

9670 S. Franklin Drive, Franklin 53132

www.AltiusGymnastics.com

414-421-1200



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