

# Basel's All-Star Gymnastics & Cheer Academy Permission Slip

This is a release form for your child to participate in gymnastics activities at Basel's Gymnastics. Each child must have a release signed in order to participate. If you have any questions, please call (281) 370-2882. Thank-you,  
Basel's All-Star Gymnastics & Cheer Academy

I am fully aware that any activity involving motion or height creates the possibility of serious injury and further agree to hold Basel's All-Star Gymnastics Academy and the Basel's staff harmless for injury or resulting expense. I release and discharge any and all rights and claims against Basel's All-Star Gymnastics Academy and its parties.

Printed Parent's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date (m/d/y): \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

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