

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER WAIVER

20

YEAR

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please Mark:  CURRENT AAI MEMBER  NON-MEMBER  
**EMERGENCY MEDICAL RELEASE**

I, (parent) \_\_\_\_\_, hereby authorize medical care to be provided for my child \_\_\_\_\_ in the event of injury. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc. its owners, coaches and employees from any and all claims, illness or injuries of the participant which may result from participation in this activity.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I'm here for:  BIRTHDAY  OVERNIGHT  KIDS NIGHT OUT  
 OPEN GYM  CLINIC  FIELD DAY  SACK LUNCH

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