NATIONAL ACADEMY OF ARTISTIC GYMNASTIC

869 Shelley St. Springfield, OR 97477 . 744.2002
www.naagymnastics.com

Field Trip Release Form

I the parent or legal guardian of _____give permission for him/her to attend a field trip at the National Academy of Artistic Gymnastics with _____.
I further stipulate that I understand that gymnastics activity requires adherence to safety rules. I hereby release the National Academy from liability and assume all responsibility in case of injury. In case of emergency, every attempt will be made to contact the parents, legal guardian or emergency contact. I give my permission to the National Academy to act in my child's best interest in regard to emergency care. I have read and understand the above statements and am willing to adhere to them.

Date	Child's Name	Parent Signature	Phone #	Emergency Phone #