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*\*Please fill out form entirely in legible print.*

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

I recognize the potential for injuries which can occur in gymnastics & other activities involving movement, trampoline, martial arts & other acrobatics & games. I hereby consent to the above named person attending this activity/event to have my permission to participate in any & all activities at Mpact Sports LLC, it's owners, employees, agents & representatives for any & all reasons, including injury, damages, or lost/stolen items.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_