CAL-STAR GYMNASTICS BIRTHDAY PARTY WAIVER

Birthday Child's Name:	Party	Date:
Notice of Risk/ Acknowledgem	ent of Possibility of Injury	
students and their parents aware tumbling and cheerleading. Stud Gymnastics, Tumbling and Ch their children aware of possibility coaches instructions. Cal-Star, it injuries sustained by any student open workouts or in the course or while traveling to or from the extension of the course of the	e of the risks and hazards associated ents may suffer injuries, possibly meerleading can be dangerous and of injury and encourage their childs socoaches and other staff members to during the course of gymnastics, to fany exhibition, competition or cline event. By signing this form, I acknow	inor, serious or catastrophic in nature. d lead to injury! Parents should make ren to follow all the safety rules and will not accept responsibility for umbling, cheerleading instruction, or ic in which he or she may participate
Release and Waiver of Liability	Ĺ	
my child or children participate in representatives, waive and relea have against Cal-Star and/or its that I now have and will continue coverage, which I consider adeq and also understand Cal-Star's responsibility to warn the child at	n the programs offered by Cal-Star of see all rights and claims for injuries of staff, owners or representatives who to provide proper hospitalization, houate for both my child's protection a egistration information and policies bout dangers of gymnastics and injured is appropriate. Cal-Star will only	ether paid or volunteer. I also affirm nealth and accident insurance and my own protection. I have read . I also understand its the parents' ury. The parent should warn the child
Medical Emergencies- Permiss	sion to Treat	
practitioners of any kind. with the Gymnastics owners, staff and re- event of any injury or illness, and including transportation by a Cal-	e above in mind, I hereby grant conspresentatives to render temporary for the cal-Side of the	atives are not physicians or medical sent and permission to Cal-Star first aid to my child or children in the tar staff to call and seek medical help, sentatives, whether paid or volunteer, for said child should the Cal-Star staff
By signing below I acknowled	ge I have read the above and a	gree to all of these terms.
Participants Name	Parent/Legal Guardian Name	Parent/ Legal Guardian Signature
Home/Cell Phone	Email	