



Release Form

Child Name _____

I, _____, understand that gymnastics is a sport involving height and motion, which creates risk and the possibility of accidental injury. I will not hold the gymnastics facility, The Sensation Nation, or their staff responsible for any illness, accident, or injury that may occur at the facility.

Parent Signature _____ Date _____

If your child has a diagnosis of **Down Syndrome**, please read and sign below.

I, _____, understand that my child must have a cervical spine x-ray before he/she is permitted to participate in any of The Sensation Nation's programs. If my child's x-ray shows signs of atlantoaxial subluxation or dislocation, my child's activity level will be restricted in order to ensure safety.

Parent Signature _____ Date _____

If your child has a diagnosis of epilepsy or seizure disorder, please inform your instructor of any restrictions and/or precautions that should be taken during their sessions.

If your child has a shunt, please inform your instructor of any restrictions and/or precautions that should be taken during their sessions.

Please note any other diagnosis requiring specific precautions. Your child's safety and success are important to The Sensation Nation; therefore, it is crucial to notify instructors of any restrictions which could interfere with your child's participation in the program.
