



Milton Springers Gymnastics Club

605 Santa Maria Blvd

Milton, ON

L9T 6J5

905-878-5030

miltonspringers@bellnet.ca

Permission to Participate Following Injury/Illness

Date: _____

Description of Illness/Injury: _____

Gymnast Name (print) _____ Class: _____

Please provide any detailed physical restrictions:

I hereby certify that my child has been examined by a medical professional, and has been medically cleared to participate in gymnastics activities. I acknowledge that I am aware of the risks involved with gymnastics, and hereby give my consent for my child to return to Springers. I understand that floor supervisors or coaches have the authority to restrict or refuse participation for any sound medical reason.

Parent Name: _____ Signature: _____