I give my son/daughter permission to participate in the Stepping Star program. Club Waiver and Release form. We, the staff of Stepping Star, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. I consent to have my child(ren) participate in the programs offered by Stepping Star. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Stepping Star and or its representatives whether paid or volunteer.

PARENT'S SIGNATURE:_____ DATE:_____

CHILD'S NAME:_____ AGE:_____ SEX:_____ D.O.B_____ _____ BIRTHDAY PARTY

LAST FIRST M.I

PARENT'S NAMES:_____

TELEPHONE #: _____ DAD CELL: _____ MOM CELL:_____

EMERGENCY #: _____

HAS YOUR CHILD HAD PREVIOUS EXPERIENCE?_____ WHERE? :_____

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