

HUDSON GYMNASTICS OPEN GYM RULES:

* For ages 14 and under *

- 1..All participants must be in athletic clothing. (gym/exercise clothes)
No pajamas, baggy pants, jeans, socks, or button up shirts.
2. Everyone must have a waiver on hand signed by his or her parent/guardian (Legal) only.
They will be denied to participate if they do not have a waiver.
3. There is NO food, gum, or beverage of any kind allowed in gym area.
4. There are NO cell phones or cameras in the gym.
5. It is expected that participants respect gym staff, gym equipment and any other open
Gym participants. (This includes not throwing mats, getting in the way of other participants,
listening when a staff member asks you not to do something, and/or
throwing items of any kind.)
6. Only one person at a time allowed on trampolines and tumble track.
7. We ask that each participant have a ride ready when open gym ends.
8. We reserve the right to cancel open gym for any reason, so please call ahead.

* If we feel at anytime that someone is not following the rules, a parent will be
called and you will be asked to leave with no refund.

Parent/Guardian Agreement and Medical Consent:

I, the parent/guardian of the registrant minor, agree that he/she will abide by the rules of Hudson School of Gymnastics and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with gymnastics and in consideration for Hudson School of Gymnastics accepting the registrant for their programs and activities. I hereby release and discharge Hudson School of Gymnastics, its affiliated organizations, the employees, the coaches, and associated personnel; including owners of facility utilized for this program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize. As the parent/guardian of a participant in Hudson School of Gymnastics' program, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medical or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

_____	_____	_____
(Parent/Guardian's Name) Please Print	(Parent/Guardian Signature)	(Date)
_____	_____	
(Participant's Name) Please Print	(Participant's Signature)	

Address: _____ Emergency Contact: _____
_____ Emergency Contact Number: _____