

# Highland Academy

211 Highland Cir Dr  
 Portland, TN 37148  
 (615) 325-2036 • (615) 325-4824 (Fax)

## Gymnastics Participation Consent Form

\_\_\_\_\_ would like to try out for the  
 Gymnastics Team at Highland Academy for the \_\_\_\_\_ school year.

*Please complete*

Grade	Freshman Sophomore	Junior Senior
Age	_____ years old	
Experience	Has Has Not had any experience before in gymnastics. <i>(Please list what previous experience they have had on the back of this sheet.)</i>	



The coaches recognize that there are some inherent risks in the sport of gymnastics, which cannot be completely eliminated even with careful teaching and spotting. However, we intend to take every precaution possible to have a safe year on the gymnastics team. In order to work most effectively with your student, we need to know about any previous health problems that would interfere with his/her participation on the team. Please list anything such as recently broken bones, back trouble, sprains, hospitalization, allergies, serious injuries, etc. which we should know about:

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I, \_\_\_\_\_  
 (Parent or Guardian)

am aware of the inherent risks in the sport of Gymnastics. I accept those risks for my student and agree to hold Highland Academy forever harmless for injuries that might occur, and give my student permission to participate in gymnastics at Highland Academy for the \_\_\_\_\_ school year.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

