

GENERAL AUTHORIZATION AND CONSENT FORM

Child's Name: _____ D.O.B. _____

***Please authorize by initialing each line.**

_____ I grant permission for my child to utilize the equipment at the Gymnastics Learning Center and to participate in all activities.

_____ I grant permission for my child to take walks around the center under the direct supervision of his/her teacher for the purpose of experimental learning.

_____ I grant permission for my child to be photographed and/or videotaped while at school for the purpose of displaying the photos in his/her classroom or in presentations to the classroom.

_____ I grant permission for my child to be photographed and/or videotaped while at school for the purpose of school advertisements , newspaper articles and school social media, including Facebook.

_____ I grant permission for the staff at GLCP to have access to my child's health information for the purpose of caring for my child properly.

_____ I grant permission for my child to use the pool at the Gymnastics Learning Center under the direct supervision of employed Red Cross certified lifeguards.

Parent Signature

Date

