



221 Petersburg Road • Carlisle, PA 17013

Phone: 717-245-0561 • Fax: 717-245-0568

Email: cumberlandgym@earthlink.net

Website: cumberlandgymnastics.org

Field Trip Waiver

Form must be filled out entirely for child to participate. Thanks!

Preschool Name: _____

Date & Time of Field Trip : _____

Child's Name: _____

Parent's Name: _____

Email Address: _____

Phone Number: H: _____ **C:** _____

Emergency Contact (for if parents cannot be reached):

Name: _____ **Phone Number:** _____

Can child be in pictures posted on website/social media? YES or NO

(Please circle one)

I hereby authorize the staff at Cumberland Gymnastics, Inc. to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive any and all claims for personal injury that I may have against Cumberland Gymnastics, Inc. and its directors, officers, agents, employees, representatives, and any volunteers in any way associated with Cumberland Gymnastics, Inc. I understand that participation in gymnastics and tumbling carry with them the risk of injury. All medical expenses incurred will be the responsibility of the student or the student's family.

Parent Signature: _____ **Date:** _____