



EMERGENCY CONTACT INFORMATION

CHILDREN:

1st Child's Name: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_

4th Child's Name: \_\_\_\_\_

PARENT/GUARDIANS:

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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Emergency Contacts In The Event Parent/Guardians Are Not Reachable:

*Please provide at least two if possible.*

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone# \_\_\_\_\_

I authorize Clinton Gymnastics Academy staff to contact the above emergency contacts to act on behalf of myself in the event that I am unreachable for medical emergencies or behavioral issued regarding my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date