



# NOVA GYMNASTICS

PERMISSION SLIP

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2280 S.W. 71st. Terrace, Davie, Florida, 33317

**Event:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**I, as Parent or Guardian, Give Permission for** \_\_\_\_\_  
(Student's First and Last Name)

I understand that my child/ward will be obliged to abide by the Nova Gymnastics-Based Rules and by the Code of Discipline while participating in this field trip/program.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable.

Further, I authorize Nova Gymnastics to act on my behalf as parent of my child/ward while participating in the above described field trip/program.

I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

**Parent's/Guardian's Signature** \_\_\_\_\_

**Relationship to Minor** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

**Home Telephone #** \_\_\_\_\_

**Work Telephone #** \_\_\_\_\_

**Alt Telephone #** \_\_\_\_\_

**Emergency Contact (other than yourself)** \_\_\_\_\_

**Emergency Telephone Number** \_\_\_\_\_