

# Sunburst Gymnastics Training Center

## Kids Night Out Emergency Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**In Case of an emergency, please give the names of persons who can be called if we cannot reach the parents (and be sure that these people know you have given us their names):**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anything we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_