



FREE TRIAL CONSENT FORM

Mom's Name _____ TDL # _____

Dad's Name _____ TDL # _____

Home Address _____ City _____ ZIP _____

Home Phone# _____

Mom's Cell # _____ Mom's Work # _____

Dad's Cell # _____ Dad's Work # _____

Mom's Email _____ Dad's Email _____

Child #1 _____ M/F Age _____ Date of Birth _____
(First) (MI) (Last)

Child #2 _____ M/F Age _____ Date of Birth _____
(First) (MI) (Last)

Child #3 _____ M/F Age _____ Date of Birth _____
(First) (MI) (Last)

MEDICAL INFORMATION

Physical/Psychological

Limitations _____

AUTHORIZATION AND RELEASE

I authorize Cypress Academy to consent to medical treatment for my child when I cannot be reached to so consent. NO prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion or height creates the possibility of serious injury and I further agree to hold Cypress Academy and its staff harmless for any injury or resulting expense. I release and discharge any and all rights and claims against Cypress Academy.

Parent's/Guardian's Signature _____ Date _____