

Coldwater Crossing Master Association

Gym Guardian Consent Form

I _____ of _____
Name Address

Give my permission for _____ to act as
Name

responsible guardian for my children. I hereby state that the responsible guardian

named above is 16 years of age or older.

Member:

Name: _____

Address: _____

Phone #: _____

Date: _____

Guardian: Age: _____ Birth date: _____

Name: _____

Address: _____

Phone #: _____

Emergency Contact:

Name: _____

Address: _____

Phone #: _____