





Birthday Host:

Date:

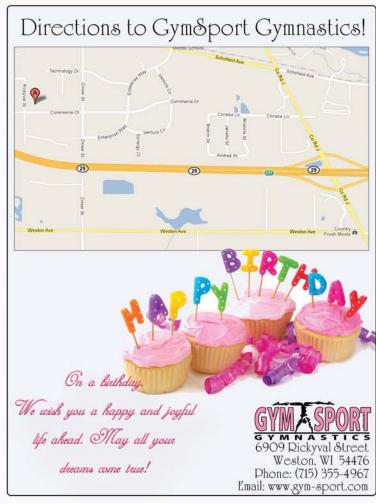
Date:

R.S.V.P. at:

Q.S.V.P. at:

Time:

R.S.V.P. By:





Time:

R.S.V.P. By:

Each party guest is required to fill out the below form prior to joining party activities.



Birthday Partry Waver / Release Form

Childs Name: Parent / Guardian:		
Address:		
City:	Zip:	
Phone #:	·	

Birthday Party Waiver

I, parent or guardian of the participant am aware of the risk of injury in gymnastics that is due to the nature of the activity. I hereby authorize the agent, officer or employee of Gym&port Gymnastics to act for me according to his/her best judgment, in any emergency requiring medical attention, and hereby waive and release agents, officers and employees from any and all liability for any injuries, illness or loss of property incurred while participating in any program. In case of accident or illness my insurance company is the primary carrier.

X	Date:	
Parent / Guardian signature		

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Parent / Guardian:		
Address:		
City:	Zip:	
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X	Date:
Darent / Cuardian signature	



Join in on my Brithday Celebration Fun at:



6909 Rickyval Street * Weston WI 54476 * Phone (715) 355-4967 Website: www.gym-sport.com * Email: info@gym-sport.com

If you have any questions regarding the gymnastics birthday parties please call the front office and speak with our receptionist.

Please R.S.V.P.





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