

**We'll have more** 

**fun if you can come!**  
Party for:

Date:

Time:

Location: **Stars Gymnastics**

(see map on back)

RSVP:

In order to participate all children must bring this form to the party.



We the staff of National Gymnastics Corp. dba Stars

Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics. Gymnastics can be dangerous and students may suffer injuries ranging from minor, serious, or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in a birthday party offered by National Gymnastics Corp. dba Stars Gymnastics.

Signature of legal guardian \_\_\_\_\_

Date \_\_\_\_\_

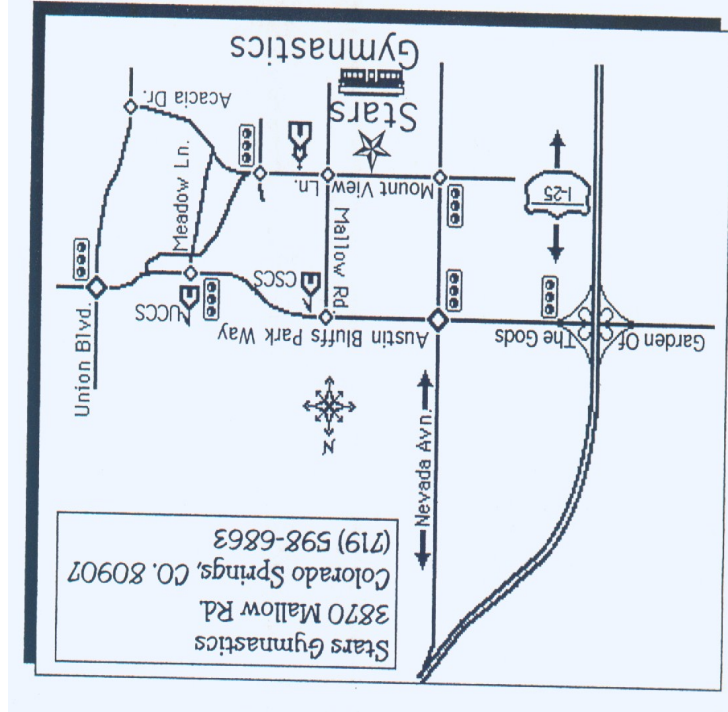
Name of participant \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address \_\_\_\_\_



You're Invited to a Party

