

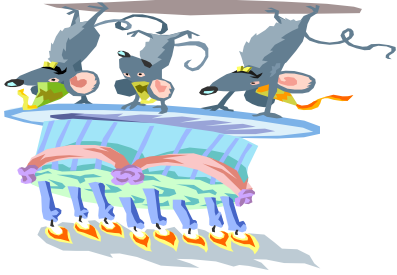
PLACE  
STAMP  
HERE

to RSVP.

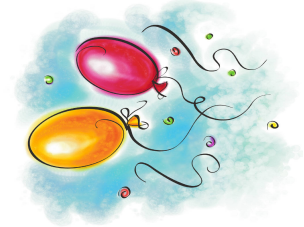
Call me at \_\_\_\_\_ (phone #)

On \_\_\_\_\_ (date)

A Birthday Party for



You're Invited!



You're Invited to a Birthday Party!

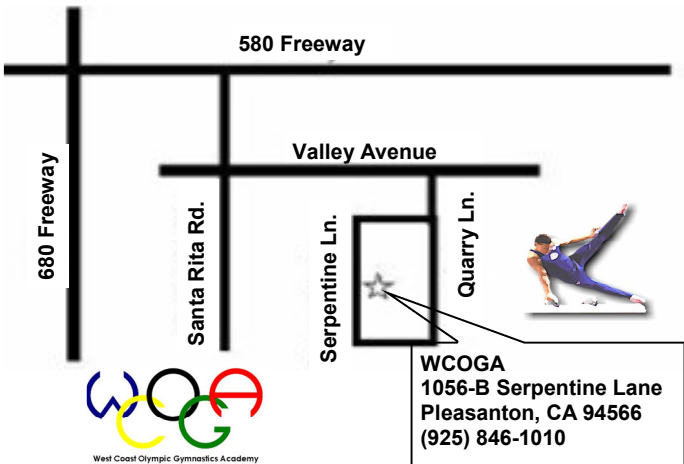
- Bounce on a Trampoline;
  - Play in a Foam Pit;
  - Walk the Balance Beam;
  - Swing on the Bars!
- Join me at the Gym!



Be sure to sign this form to allow my child to participate!



Location



**BIRTHDAY PARTY PERMISSION SLIP  
RELEASE OF LIABILITY**

Name of Child: \_\_\_\_\_

As the parent or legal guardian, I hereby give permission for our child to participate in programs at West Coast Olympic Gymnastics Academy (WCOGA). I recognize that gymnastics is a sport that involves height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, I agree to waive all claims against WCOGA and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress - arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of WCOGA. I hereby testify to our child's sound health of mind and body and I authorize WCOGA to seek medical treatment at the nearest medical facility in case of emergency.

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

