

INDIANA
GYMNASTICS CENTER
indianagymnasticscenter.com
505 Pushville Rd.
Greenwood, IN 46143
317-736-7895

HAPPY BIRTHDAY!

COME CELEBRATE

Birthday kid's name

BIRTHDAY AT INDIANA GYMNASTICS CENTER

Date/time

I hereby give permission for _____ to participate at Indiana Gymnastics Center for a birthday party. Further, I authorize the center to provide emergency treatment for an injury to my child if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with this sport, up to and including serious injury and death, and exposure to COMMUNICABLE DISEASES INCLUDING COVID-19. I also understand that all birthday party participants are expected to follow gym rules, as specified by gym instructors. Any child not following these rules will be removed from the gym floor. Valid for one birthday party.

Name of child: _____ Age: _____ Birthday: _____

Name of parent/guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Please list medical alerts: _____

Parent/guardian signature: _____ Date: _____

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