

Please bring this Invitation / Waiver to the party!

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Silver Spring Gymnastics & Fitness Club, Inc.*, and *Silver Stars Gymnastics, Inc.* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Silver Spring Gymnastics & Fitness Club, Inc.*, and *Silver Stars Gymnastics, Inc.*

Student's name _____ Home # _____

Home address _____ email _____

City/State _____ Zip _____

Date _____ Signature _____
(Parent, Guardian or Party Chaperone)

Birthday Party Checklist

- ✓ Please drop off and pick-up your child on time
- ✓ No shoes in gym, place shoes and gifts in designated area
- ✓ Dress in comfortable clothing
- ✓ No belts or buckles on clothing
- ✓ No dresses
- ✓ No jewelry, for safety reasons
- ✓ Have FUN!

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