



# Birthday Party Permission Slip



Child's Name (s): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Consent Of Participation – As legal guardian of the above athlete(s), I hereby consent that the athlete(s) listed above are allowed to participate in the Grand Rapids Gymnastics programs. I recognize the potential of severe injury, including but limited to permanent paralysis or death can occur in an activity involving height or motion, including dance, gymnastics, tumbling, trampoline, martial arts, and stunting. I understand that it is the express intent of Grand Rapids Gymnastics, its owners and employees to provide for the safety and protection of my child(ren) and in consideration for allowing my child(ren) to use these facilities, I hereby forever release Grand Rapids, its members employees, instructors and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, and/or control of Grand Rapids gymnastics. As legal guardian or parent of the aforementioned athlete(s), I hereby agree to provide for the possible future medical expenses which may be incurred by my athlete(s) as a result of an injury sustained while training at or performing for Grand Rapids Gymnastics. I hereby give permission to trained medical professionals to administer emergency medical treatment to my child(ren) should sickness or injury warrant it while training at Grand Rapids Gymnastics. This acknowledgement of risk and waiver liability having been read thoroughly, understood, and agreed upon completely is signed voluntarily to its content and intent.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_