

You are invited to a BIRTHDAY PARTY for:

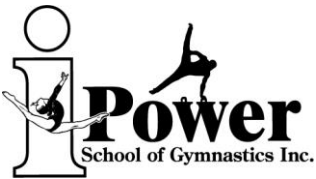
The Party will take place:

Date: _____ *Time:* _____

I-Power School of Gymnastics
215 S. Staley Road
Champaign, IL 61822
(217) 359-3547
www.ipowergymnastics.com



- Party includes 1 hour of play in the gym including a warm-up, obstacle course, tumble track, trampoline, in-ground foam pit, rope climbing, parachute, and relay course.
- Wear clothing that allows movement.
- Bring this form with the back completed and signed by parent or guardian.



You are invited to a BIRTHDAY PARTY for:

The Party will take place:

Date: _____ *Time:* _____

I-Power School of Gymnastics
215 S. Staley Road
Champaign, IL 61822
(217) 359-3547
www.ipowergymnastics.com



- Party includes 1 hour of play in the gym including a warm-up, obstacle course, tumble track, trampoline, in-ground foam pit, rope climbing, parachute, and relay course.
- Wear clothing that allows movement.
- Bring this form with the back completed and signed by parent or guardian.

I-Power School of Gymnastics Birthday Party Participation Agreement

I-Power School of Gymnastics recognizing it is our obligation to make our participants and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling, trampoline, and cheerleading. Students may suffer injuries, possible minor, serious, or catastrophic in nature. Gymnastics, tumbling, trampoline, and cheerleading can be dangerous and can lead to injury. While I-Power School of Gymnastics maintain safety rules, it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. Participants and parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Acknowledgement

I, _____, give permission for _____ to participate in gymnastic activity at I-Power School of Gymnastics. As a parent or legal guardian I hereby verify by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in gymnastics, tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover any injury sustained during participation in I-Power School of Gymnastics events and therefore agree to hold harmless I-Power School of Gymnastics for any such injury.

Signature of Parent or Legal Guardian

Address

Parent or Legal Guardian printed name)

City, State, Zip code

Date

Phone number

E-mail address (to receive info & promotions)

Birthdate of Child

I-Power School of Gymnastics Birthday Party Participation Agreement

I-Power School of Gymnastics recognizing it is our obligation to make our participants and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling, trampoline, and cheerleading. Students may suffer injuries, possible minor, serious, or catastrophic in nature. Gymnastics, tumbling, trampoline, and cheerleading can be dangerous and can lead to injury. While I-Power School of Gymnastics maintain safety rules, it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. Participants and parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Acknowledgement

I, _____, give permission for _____ to participate in gymnastic activity at I-Power School of Gymnastics. As a parent or legal guardian I hereby verify by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in gymnastics, tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover any injury sustained during participation in I-Power School of Gymnastics events and therefore agree to hold harmless I-Power School of Gymnastics for any such injury.

Signature of Parent or Legal Guardian

Address

Parent or Legal Guardian printed name)

City, State, Zip code

Date

Phone number

E-mail address (to receive info & promotions)

Birthdate of Child