

GUEST'S NAME _____

Birthdate _____ Age _____

PARENT'S NAME: _____

ADDRESS: _____

City/State/Zip Code _____

PHONE #: _____

My son/daughter has my permission to attend a

Field trip or Bring a friend at Salto Gymnastics

Center on _____

I understand and agree that Salto Gymnastics Center and it's staff will assume no responsibilities for injuries or medical expenses while attending this activity. This program is based on physical activity. Please dress appropriately.

Parent's Signature: _____

Date _____

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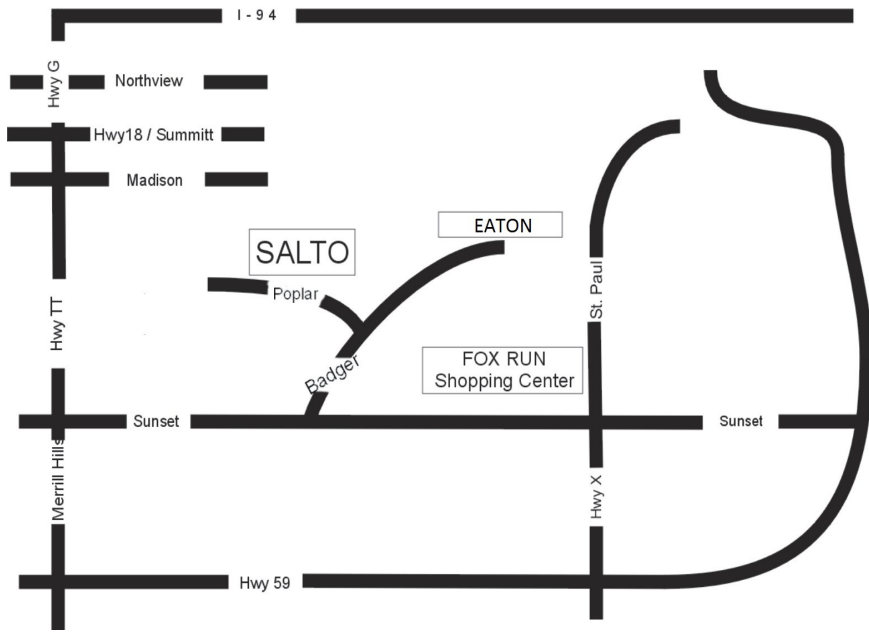
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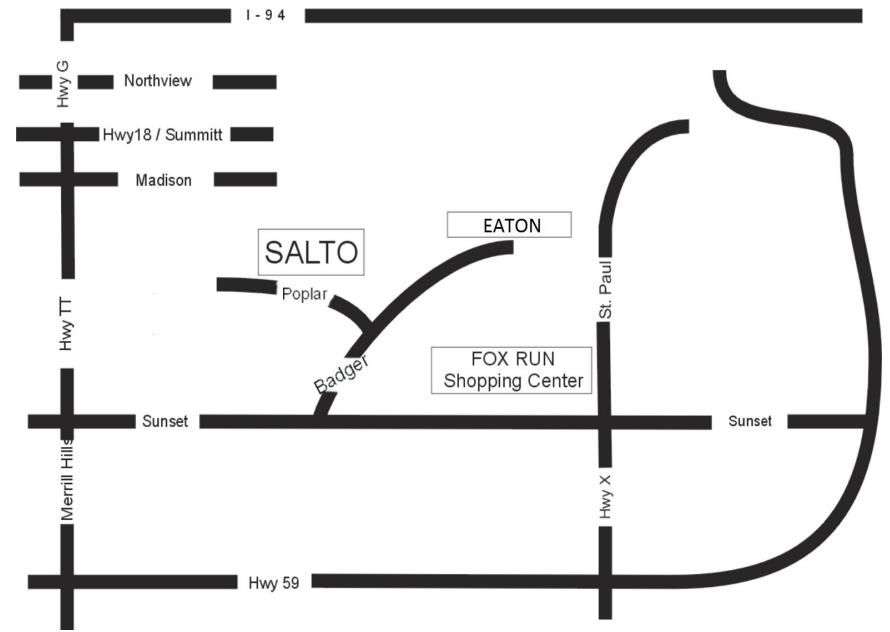
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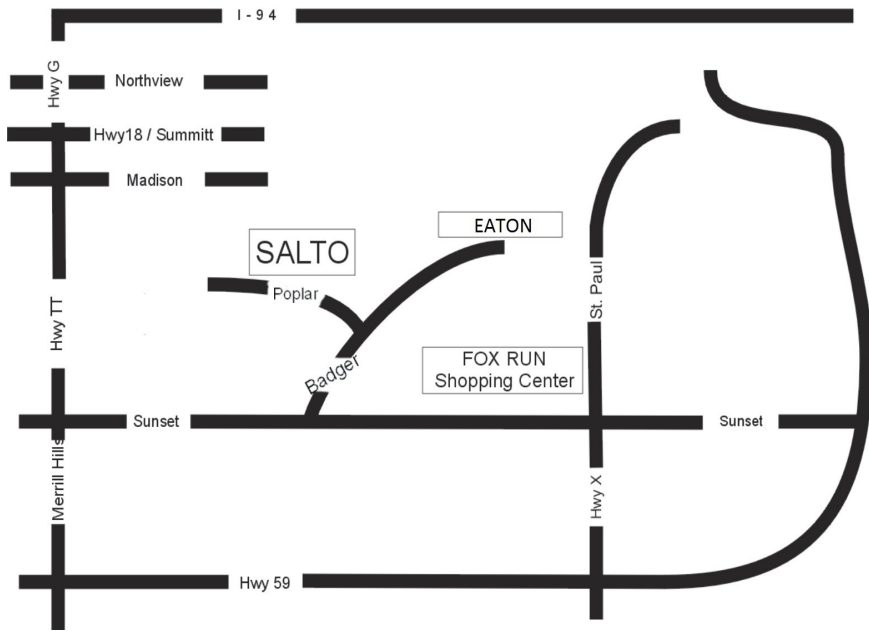
Date _____



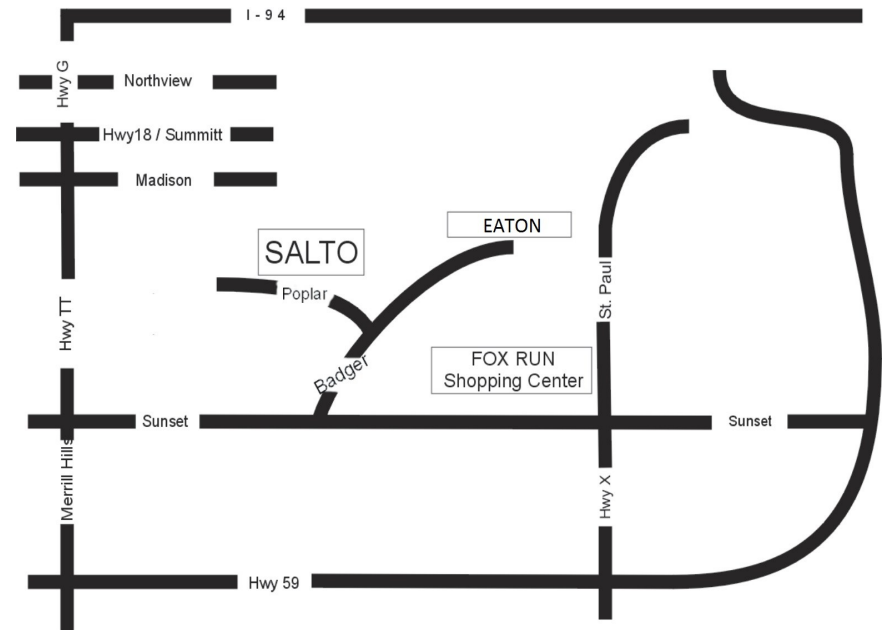
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