

GUEST'S NAME \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

PHONE #: \_\_\_\_\_

My son/daughter has my permission to attend a  
birthday party for \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_.

I understand and agree that Salto Gymnastics  
Center, Inc and it's staff will assume no responsi-  
bilities for injuries or medical expenses while at-  
tending this birthday party. This party is based  
on physical activity. Please dress appropriately.

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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