

AAGA BIRTHDAY PARTY CONSENT FORM

I GIVE MY CHILD _____ PERMISSION TO ATTEND AND PARTICIPATE IN _____ BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY ON _____. I ALSO GIVE MY AUTHORIZATION FOR THE AAGA STAFF TO ACT ACCORDING TO THEIR BEST JUDGEMENT IN CASE OF INJURY OR EMERGENCY THAT MAY OCCUR. I HEREBY WAIVE/RELEASE THE ALL AMERICAN GYMNASTICS ACADEMY INC, OWNERS, MANAGERS, AND COACHES FROM ANY LIABILITY AND OR ANY INJURIES WHILE PARTICIPATING IN THE SAID BIRTHDAY PARTY. THIS IS A VALID FORM FOR THE ABOVE SAID ACTIVITIES DURING THE BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY.

PARENT/GUARDIAN INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT SIGNATURE _____ DATE _____

AAGA BIRTHDAY PARTY CONSENT FORM

I GIVE MY CHILD _____ PERMISSION TO ATTEND AND PARTICIPATE IN _____ BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY ON _____. I ALSO GIVE MY AUTHORIZATION FOR THE AAGA STAFF TO ACT ACCORDING TO THEIR BEST JUDGEMENT IN CASE OF INJURY OR EMERGENCY THAT MAY OCCUR. I HEREBY WAIVE/RELEASE THE ALL AMERICAN GYMNASTICS ACADEMY INC, OWNERS, MANAGERS, AND COACHES FROM ANY LIABILITY AND OR ANY INJURIES WHILE PARTICIPATING IN THE SAID BIRTHDAY PARTY. THIS IS A VALID FORM FOR THE ABOVE SAID ACTIVITIES DURING THE BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY.

PARENT/GUARDIAN INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT SIGNATURE _____ DATE _____

AAGA BIRTHDAY PARTY CONSENT FORM

I GIVE MY CHILD _____ PERMISSION TO ATTEND AND PARTICIPATE IN _____ BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY ON _____. I ALSO GIVE MY AUTHORIZATION FOR THE AAGA STAFF TO ACT ACCORDING TO THEIR BEST JUDGEMENT IN CASE OF INJURY OR EMERGENCY THAT MAY OCCUR. I HEREBY WAIVE/RELEASE THE ALL AMERICAN GYMNASTICS ACADEMY INC, OWNERS, MANAGERS, AND COACHES FROM ANY LIABILITY AND OR ANY INJURIES WHILE PARTICIPATING IN THE SAID BIRTHDAY PARTY. THIS IS A VALID FORM FOR THE ABOVE SAID ACTIVITIES DURING THE BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY.

PARENT/GUARDIAN INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT SIGNATURE _____ DATE _____

AAGA BIRTHDAY PARTY CONSENT FORM

I GIVE MY CHILD _____ PERMISSION TO ATTEND AND PARTICIPATE IN _____ BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY ON _____. I ALSO GIVE MY AUTHORIZATION FOR THE AAGA STAFF TO ACT ACCORDING TO THEIR BEST JUDGEMENT IN CASE OF INJURY OR EMERGENCY THAT MAY OCCUR. I HEREBY WAIVE/RELEASE THE ALL AMERICAN GYMNASTICS ACADEMY INC, OWNERS, MANAGERS, AND COACHES FROM ANY LIABILITY AND OR ANY INJURIES WHILE PARTICIPATING IN THE SAID BIRTHDAY PARTY. THIS IS A VALID FORM FOR THE ABOVE SAID ACTIVITIES DURING THE BIRTHDAY PARTY AT ALL AMERICAN GYMNASTICS ACADEMY.

PARENT/GUARDIAN INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT SIGNATURE _____ DATE _____