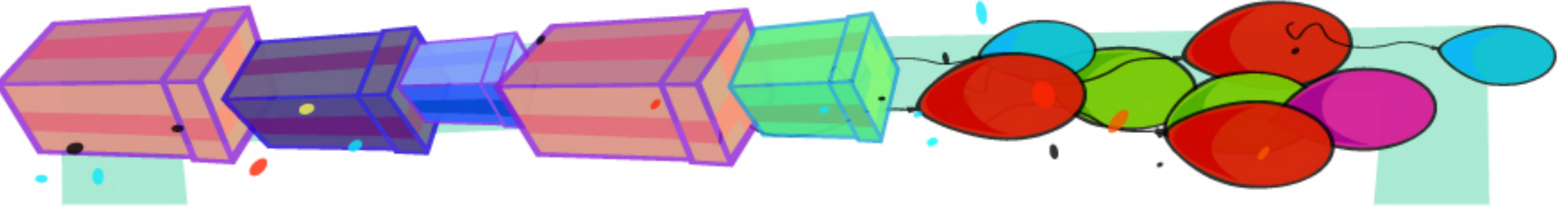


We hope you can come!



Who's party? _____

Date: _____

Time: _____

Location: Tumble U Gymnastics (see map on back)

Please respond by: _____

In order to participate all children must bring this form to the party.

Tumble U Gymnastics, LLC, recognizes the obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics.

Gymnastics can be dangerous and students may suffer injuries ranging from minor, serious, or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in a birthday party offered by Tumble U Gymnastics.

Signature of legal guardian _____ Date _____

Name of participant _____ age _____

Address _____ Zip _____

Phone # _____ Birth date ____/____/____

To help protect our equipment, please do not wear bottoms with buckles, snaps or zippers.

Emergency contact: _____ number: _____