

Would you like to be on our mailing list? Yes No

(parent signature)

I give my permission for Elite Athletics to use photographs for media such as website, brochure, flyer, etc.

Date:

Signed: Parent/Guardian Signature

Zip: () Phone: ()

City: State:

Home Address:

Parent Name:

Elite Athletics

Parent Name: has my permission to attend a Birthday Party at:

(Child's full name)

I hereby waive and release Elite Athletics Staff and Elite Athletics from any and all liability any injuries and illness incurred while attending the birthday party. I understand that participating in gymnastics and various sports activities involves motion and carries with it the risk of injury. Please fill out the permission slip below and send it with your child to the party.



52 Barbour Drive
Forest, VA 24551
eliteathleticsva.com
434.525.4813

RSVP to: _____

Supervising Parent: _____

Please come 5 minutes before the scheduled birthday party time. Be sure to wear comfortable clothing, you will be doing a variety of gymnastics activities.

Time:

Date:



You are invited to attend a Birthday Party for:



You're Invited!