

Tampa Bay Turners Gymnastics & Swimming

Birthday Party Permission Slip

Birthday party child: \_\_\_\_\_

Party date: \_\_\_\_\_

Child attending: \_\_\_\_\_

Contact information: \_\_\_\_\_

\*It is recommended that children under five are accompanied by an adult. I have read the warning sign and am fully aware that participation in a gymnastics or swimming birthday party involves risk and the possibility of severe injuries. I understand that Tampa Bay Turners Gymnastics and Swimming Academy Inc. and its staff will assume no responsibility for injuries or medical expenses incurred by any participants including parents or guardians.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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