

You're invited to a
Gymnastics Birthday Party
at Gymnastics East!



PERMISSION SLIP

(Please bring this completed form with your child to the birthday party)

Name _____

Address _____

City _____ Zip _____

Phone # () _____ / _____

I am I am not enrolled at Gymnastics East.

My child has permission to participate in a birthday party at Gymnastics East. I understand that he/she will be involved in gymnastics related activities. I recognize that any activity involving motion or height can create the possibility of injury. I give my permission to seek medical help if necessary.

Signature of Legal Guardian _____

Date _____

For _____

Date _____

Time _____

At Gymnastics East!
1680 NW Mall St
Issaquah, WA 98027
(425) 392-2621

RSVP _____

Please wear clothing that you can move around in.
(No buckles or zippers)

Important: Please fill out the permission slip on the back of this card and bring it to the party with you.