

Permission Slip

Please bring this completed form with your child to GYMagine's
(Birthday Party, Field Trip, Kid's Night or Bring a Friend)

Child's Name: _____

Parent's Name: _____

Address: _____

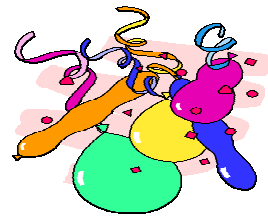
City: _____ Zip: _____

Phone: (____) _____ - _____

I am ___ am not ___ enrolled at GYMagine Gymnastics.

My child has permission to participate in a Birthday Party, Field Trip, Kid's Night or Bring a Friend at GYMagine Gymnastics. 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.

Parent/Guardian: _____ Date: _____



Compliments Of:

Place Stamp
Here

Birthday Party



3616 South Road #B3
Mukilteo, WA

For: _____

Date: _____

Time: _____

R.S.V.P: _____

Children should wear comfortable clothing that allows for easy mobility. No jeans or tights please. Shoes and socks should be removed at the start of the party. All loose jewelry must be removed.

See back of invitation for map
Go to www.GYMagine.com for directions

