

## Gymtowne Gymnastics, Inc. Permission Slip/Release

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Parent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that my child will be participating in a gymnastics activity at Gymtowne Gymnastics located at 850 Airport Street #7, Moss Beach, CA. I understand that as with all physical activities, there is a chance for injury. I therefore hold Gymtowne Gymnastics Inc., its employees, and its officers harmless should any injury occur.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

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