



Las Vegas, NV 89139

8425 Dunneville Street

Place: Flip For Me Gymnastics

RSVP By: _____

Time: _____

Date: _____

For: _____

Please sign and bring this invitation to the party. Parents are allowed to watch from the party room. I give permission for my child to participate in a birthday party at Flip For Me Gymnastics. I understand that gymnastics is in itself inherently dangerous. I accept that any activity involving motion and height can cause serious, permanent or fatal injury. The below names participant has had a medical examination within the last 12 months and is physically, mentally and emotionally capable of participating in the sport of gymnastics.

Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at Flip For Me Gymnastics. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize Flip For Me Gymnastics to administer first aid and/or to authorize medical treatment.

Child's name: _____

Parent Signature: _____

Date: _____

Phone number: _____



Flip For Me Gymnastics!

Join me at

Swing on the Bars!

Walk the balance beam!

Play in a foam pit!

Bounce on a trampoline!

**YOU'RE INVITED
TO MY
BIRTHDAY
PARTY!**

