

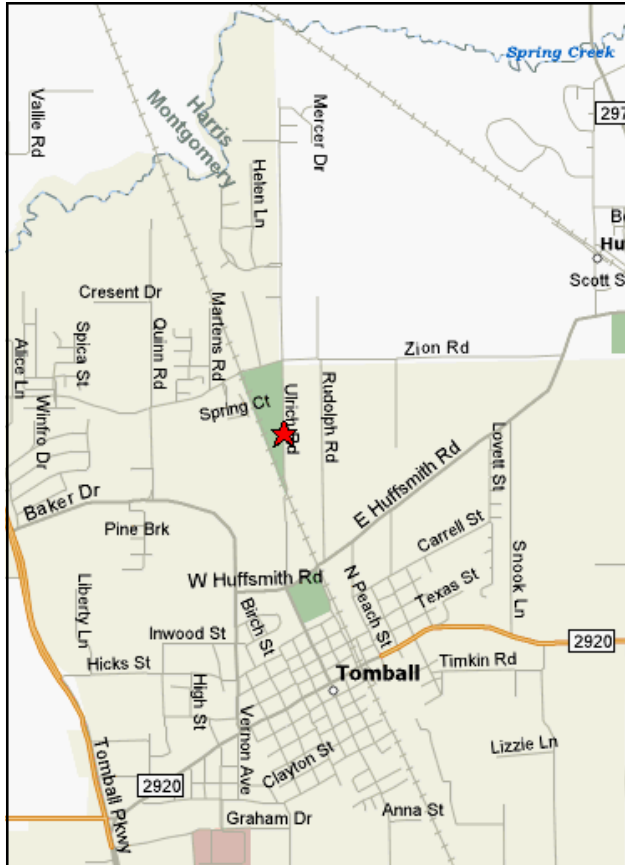
TO: _____

DATE: _____

TIME: _____

PLACE: _____

RSVP: _____



Phone: _____

Address: _____

Child: _____

Date: _____

I am fully aware that any activity involving height, motion and rotation creates the possibility for serious injury to occur. I also hold TEXAS STAR GYMNASTICS and its staff harmless for any injury or resulting expenses should an accident occur. I release and discharge any and all rights and claims against TEXAS STAR GYMNASTICS and its policies.

Parent/ Guardian's Signature

Permission Slip

This a release form for your child to participate in gymnastics activities at Texas Star gymnastics. Each child must have this release form signed in order for him/her to participate. If you have any questions please call 281-255-9997.

You're invited to a party at