



Birthday Party Wavier

B-Day Party child name: _____ Party Date: _____

Child Name attending: _____

Contact info: Phone: Home: _____ Cell: _____

Address/email (Optional): _____

I /we fully understand that participation in a gymnastics Birthday party involves risks and possibility of severe injuries.

I understand that Euro Stars Gymnastics and its Staff will assume no responsibility for injuries or medical expenses. That will include parents and guardians.

Please check any physical concerns with your child that we should know about.

Medical : (circle one) No/Yes: ADHD; ADD; Asthma; Allergies;

Explain other concerns or medical conditions: _____

Signature: _____ Date: _____

Printed Name of Parent

Signature of Parent



Birthday Party Wavier

B-Day Party child name: _____ Party Date: _____

Child Name attending: _____

Contact info: Phone: Home: _____ Cell: _____

Address/email (Optional): _____

I /we fully understand that participation in a gymnastics Birthday party involves risks and possibility of severe injuries.

I understand that Euro Stars Gymnastics and its Staff will assume no responsibility for injuries or medical expenses. That will include parents and guardians.

Please check any physical concerns with your child that we should know about.

Medical : (circle one) No/Yes: ADHD; ADD; Asthma; Allergies;

Explain other concerns or medical conditions: _____

Signature: _____ Date: _____

Printed Name of Parent

Signature of Parent