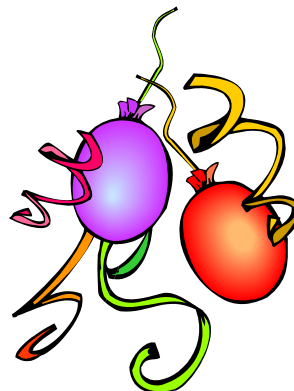


Please wear proper attire—t-shirt, shorts, and/or sweat leotard. No jewelry. Long hair should be pulled back & secured off the face. We are not responsible for lost items.
Attached waiver must be presented for participation.

_____ Phone:
 _____ RSVP:
 Ww.dullesgymnasticsacademy.com
 703-444-GYMN (4966)
 Sterling, VA 20166
 4549 Severn Way #101
 Where: Dulles Gymnastics Academy
 _____ Time:
 _____ Date:
 Birthday!



Let's tumble, swing, jump & play,
 it's time for

All information below must be completed and presented to the Dulles
 Gymnastics Academy staff to participate.

_____	_____
Participant Name (Print)	Birthdate
_____	_____
Participant Name (Print)	Birthdate
_____	_____
Participant Name (Print)	Birthdate

Address	
_____	_____
City	Zip
_____	_____
Email	Phone

**Dulles Gymnastics Academy
 Special Event Liability Waiver**

Any activity involving motion or height may cause serious accidental injury, paralysis or possible death. All gymnasts, parents, guests, relatives, and guardians agree to abide by the rules and regulations set by Dulles Gymnastics Academy (posted on the walls and verbally communicated by staff) for the health, safety, and welfare of the participant. In addition, in case of medical emergency, I hereby give my permission via my signature below to hospitalize and secure proper treatment for the participant/s below. I hereby release Dulles Gymnastics Academy, its coaches, staff and ownership from all liability due to accidents occurring before, during or after the gymnastic instruction at the club. I further state that my participant/s is/are covered with the appropriate medical insurance needed. In signing this document, I irrevocably state that I fully understand the terms and conditions set forth by Dulles Gymnastics Academy.

PRINT Parent/Guardian Name

Parent/Guardian Signature

You're Invited to a
 "Flip"-tastic
 Party
 at

Dulles Gymnastics Academy

