

X: _____ Date: _____ Signature of Parent or Guardian

I, the undersigned, release **Georgian Bay Phoenix Gymnastics and Acro** from any and all liability. Signature on this release form indicates that I have read and understood all information, policies and procedures. GBPGA may use all photography & video for promotional purposes.

The following person(s) has my permission to bring my child to and from the class:

Emergency Contact & Phone #:

Parent/Guardian:

Age: _____ DOB: _____

Name of participant: _____

**Georgian Bay Phoenix Gymnastics and Acro
Birthday Party Participant Information and Release**

Happy Birthday

You are invited to _____'s
gymnastics birthday party at **Georgian Bay Phoenix
Gymnastics & Acro!**

Date: _____

Time: _____

R.S.V.P. to _____

R.S.V.P. by _____

Location:

717939 Hwy 6
Owen Sound ON
N4K 5N7
226-668-3243

Attire: shorts/jogging pants. T-shirt, or
gymnastics leotard, and bare feet in the
gym. Long hair should be tied back.



Please remember to bring your invitation
with you & to fill out the back.

Happy Birthday