

Birthday Party Consent Form - Date/Time of Party _____

Northfield Gymnastics Club, 601 Professional Drive, Northfield, MN 55057

Phone & Fax: 507-663-7772

northfieldgymnastics@gmail.com

Party Attendee Name: _____

Age: _____ DOB: _____

Parents/Guardians: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Are you currently enrolled at Northfield Gymnastics Club? Yes or No (circle one)

Would you like to receive information regarding our program? Yes or No (circle one)

If yes - Email Address: _____

Medical concerns or conditions: _____

I fully understand that gymnastic activities may be dangerous and that the gymnast is exposed to the risk of injury. I, hereby, give permission for my daughter/son listed above to participate in the program and activities of the Northfield Gymnastics Club and release the Club and Instructors from any liability resulting from participation. I also give permission to NGC to post on their website, in the newspaper or at the club, photographs of my child to be used for promoting the gymnastics program.

Signed: _____ Date: _____

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