



"TUMBLE WITH DENISE" SCHOOL OF GYMNASTICS

961 OAK GROVE DRIVE, LEHIGHTON
570-386-3547

I GIVE MY PERMISSION FOR
MY CHILD _____ TO PARTICIPATE AT
_____ BIRTHDAY PARTY HELD AT
"TUMBLE WITH DENISE" SCHOOL OF GYMNASTICS.

**I REALIZE THAT PARTICIPATION IN GYMNASTICS
(AS WITH ANY SPORT) MAY INVOLVE INJURY TO MY
CHILD. I RELEASE "TUMBLE WITH DENISE" FROM ANY
MONETARY RESPONSIBILITIES THAT MAY ARRISE
FROM THESE POSSIBLE INJURIES.**



PARENT'S SIGNATURE _____



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