Gymnastics Inc. Permission Slip

80 North Dell Ave., Unit 17 Kenvil, NJ 07847

(973) 252-4300 gymnasticsincnj.com gymnasticsincnj@yahoo.com

As a parent or legal guardian of	, I give my consent for him/her to
participate in the programs at Gymnastics Inc. I understand th	nat in every physical sport, there is an assumption of
risk. I understand that if my child participates in gymnastics a	nd trampoline, he/she will be involved with motion,
rotation, and height. I understand unavoidable injury could or	ccur from the activities my child will be involved in.
(note: injuries can be severe in nature, including but not limite	ed to broken bones, torn ligaments, paralysis, and
even death) I do not hold Gymnastics Inc. or any staff respons	
Date Participated:	
Parent/Guardian Signature:	
Street Address:	
City, State, Zip:	
E-mail Address:	
Directions to Gymnastics Inc.	
Going East on Rt. 80: Exit 30 Mt. Arlington /Howard Blvd. Ma	ke a right at the end of the ramp. Proceed to light at Route 46.
Make a left onto Route 46 East. Go 4 lights and make a left or	n to Dell Avenue. 3rd right onto Pine Street.(80 N. Sanlee Business
Park) Take 2 nd left gate, Unit 17 in back.	
Going West on Rt. 80: Exit 30 Mt. Arlington / Howard Blvd. M	ake a left at the light at the end of the ramp. Proceed to light at
Route 46. Make a left onto Route 46 East. Go 4 lights and ma	ke a left on to Dell Avenue. 3 rd right onto Pine Street.(80 N.
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my child participates in gymnastics and trampoline, he/she wi	Il be involved with motion, rotation, and height. I understand
unavoidable injury could occur from the activities my child wil	I be involved in. (note: injuries can be severe in nature, including
but not limited to broken bones, torn ligaments, paralysis, and	d even death) I do not hold Gymnastics Inc. or any staff
responsible for any injuries incurred.	
Date Participated:	
Parent/Guardian Signature:	
Street Adress:	
City, State, Zip:	
E-mail Address:	

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