

Gymtowne Gymnastics, Inc. Permission Slip/Release

Child's Name: _____ Birthdate: ____/____/____.

Parent: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

I understand that my child will be participating in a gymnastics activity at Gymtowne Gymnastics located at 389 Oyster Point Blvd, #5, South San Francisco, CA. I understand that as with all physical activities, there is a chance for injury. I therefore hold Gymtowne Gymnastics Inc., its employees, and its officers harmless should any injury occur.

Signed: _____ Date _____
Parent or Guardian

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