



Please Join Us for a

# Birthday Party

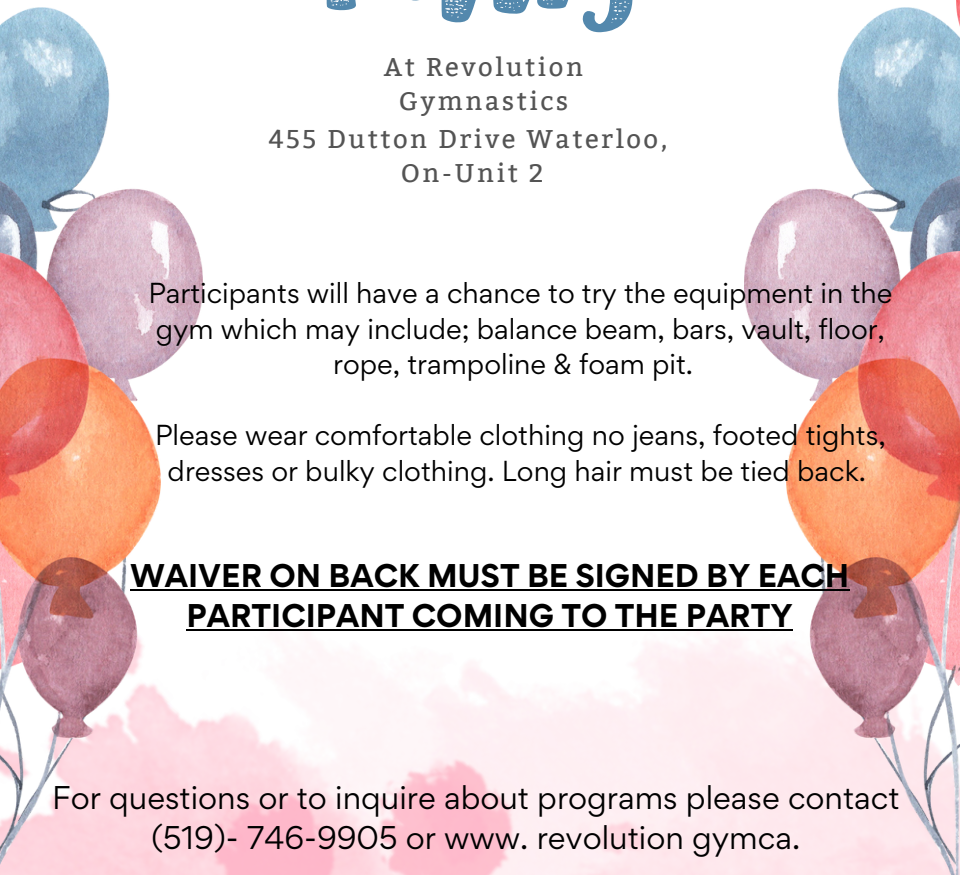
At Revolution  
Gymnastics  
455 Dutton Drive Waterloo,  
On-Unit 2

Participants will have a chance to try the equipment in the gym which may include; balance beam, bars, vault, floor, rope, trampoline & foam pit.

Please wear comfortable clothing no jeans, footed tights, dresses or bulky clothing. Long hair must be tied back.

**WAIVER ON BACK MUST BE SIGNED BY EACH PARTICIPANT COMING TO THE PARTY**

For questions or to inquire about programs please contact  
(519)- 746-9905 or [www.revolutiongymca.com](http://www.revolutiongymca.com).



Participant Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_



Emergency Contact (At time of Event) , Name/ Phone: \_\_\_\_\_

### Medical Info:

Does the participant listed have any conditions either medical (including allergies), emotional, physical, or behavioural or other that may interfere with their ability to participate safely in gymnastics?

☐ Yes

☐ No

### Participant/ Guardian Consent & Waiver:

By submitting & signing this form, I acknowledge:

1. That I am aware there are risks associated with gymnastics.
2. That the participant is physically, mental, and medically fit to participate in gymnastics.
3. That this information may be used for Revolution Gymnastics/ Gymnastics Ontario's use in the delivery of a gymnastics program.
4. that there is risk for injury involve in training and competing in any sport.
5. That Revolution gymnastics and Gymnastics Ontario have tried to create a safe and controlled environment for participation.
6. That Revolution Gymnastics has established rules for participation on and about the gymnastic surrounding areas that must be followed.
7. Failure to comply with policies and rules may result in the termination or suspension of membership from Revolution Gymnastics or Gymnastics Ontario.
8. That I have accurately disclosed all information regarding physical mental, or medical conditions affecting the named participant.
9. That it is my responsibility to keep all information up to date and notify the gym if anything changes

Parent/Guardian Signature: \_\_\_\_\_

**I have read and understood the above conditions and hereby give my permission for emergency medical treatment to be administered to my child as may be determined by reasonable discretion of his/her coach, supervisor, manager. It is possible that whenever parent/guardian will be contacted and informed of problem, diagnosis, treatment required and anticipated medical followup.**

**I hereby waive my rights and the rights of the participant to damages or other costs in the event any injury is caused due to participation in Gymnastics or other involvement with Revolution Gymnastics & Gymnastics Ontario.**

Signature: \_\_\_\_\_