

A BIRTHDAY PARTY YOU WILL **FLIP** OVER!

FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

WHERE: Top Notch Gymnastics  
4380 Triple Crown Drive  
Concord, NC 28027 \_\_\_\_\_

RSVP: \_\_\_\_\_

.....  
CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I am aware that participating in gymnastics involves risk and possible injury. I understand and agree that Top Notch Gymnastics and its staff will assume no responsibility for injuries or medical expenses incurred by participants.

PARENT SIGNATURE: \_\_\_\_\_

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