



It's a Birthday Party at

... and you're invited!

For: _____

Where?

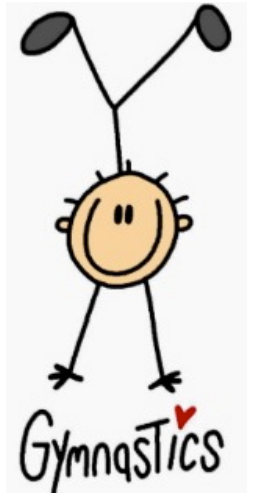
Flip 'n' Wicked Gymnastics
443 The Queensway S, Unit 2 Keswick

When?

Date: _____ Time: _____

Wear comfy clothing: No zippers, snaps, or buckles. Bare feet in the gym. Please bring your signed waiver to the party!
(Printed inside.)

RSVP: _____





**FLIP 'N' WICKED REGISTRATION/WAIVER FORM
BRING A FRIEND DAY/VISIT/PARTY**

Name of Participant _____

Birthdate of Participant: Month _____ Day _____ Year _____

Street # and Address: _____

City & Postal Code: _____

Email Address: _____

In consideration of being allowed to participate at Flip 'n' Wicked Gymnastics Inc. with regards to athletic/sports program, related events and activities, I acknowledge that as in any sport the possibility of injury exists. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used by Flip 'n' Wicked Gymnastics Inc. to use in delivery of a gymnastic program. I understand that Flip 'n' Wicked Gymnastics Inc. has tried to create a safe and controlled environment for participation and that Flip 'n' Wicked Gymnastics Inc. has established rules for participation on and about the gymnastic area that must be followed by the participant. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with Flip 'n' Wicked Gymnastics Inc.

Date _____

Parent/Guardian Signature: _____

Please check the appropriate box

This is the first time participating at the Flip 'n' Wicked Gymnastics.

I have participated in a Flip 'n' Wicked Gymnastics program:

Please check all applicable programs/events:

- 1. Lessons/ Classes**
- 2. Bring a Friend Day**
- 3. Birthday Party**
- 4. School/ Social Visit**