

What to wear

Upside down and all around activity type clothes (t-shirts, elastic waist shorts, sweat pants, stretch pants, leotards, etc.)

NO zippers, buttons or snaps on clothing

Please do not wear jewelry to the gym (small stud earrings are safe)

All kids will remove shoes during activities.

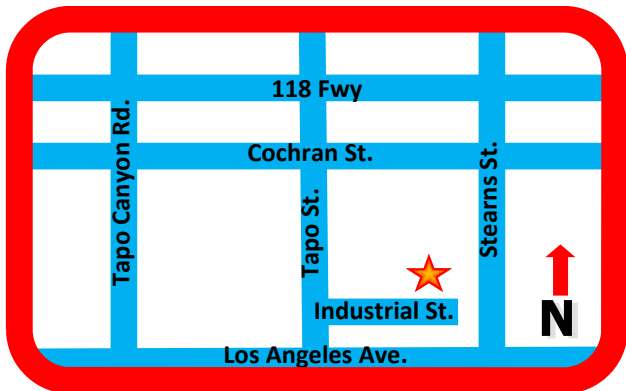
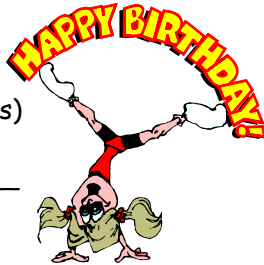
Hair should be tied back & out of the face

Please...

Arrive on time with signed waiver (will not be able to participate without it)

Leave promptly when the party ends
(there may be another party scheduled afterwards)

R.S.V.P. by calling: _____



4685 Industrial St. #3G Simi Valley, CA 93063
805-581-4496 www.imagymnation.com

You're Invited!



To a Special

Birthday

Party

For a Special Person

To: _____

For the party of: _____

When: _____

The party will begin at: _____

The party will end at: _____



For Office Use Only

Eval. Date _____

Trial Date _____

Day/Time _____

Class _____ Coach _____

Referral Posted _____



4685 Industrial St. Suite 3G Simi Valley, CA 93063
Ph. (805) 581-4496

T.S	C.C.	JR	POSTER
-----	------	----	--------

RELEASE & PERMISSION TO PARTICIPATE

Student# 1 _____	M / F _____	Age _____	Birthdate _____
Student# 2 _____	M / F _____	Age _____	Birthdate _____
Student# 3 _____	M / F _____	Age _____	Birthdate _____
Student# 4 _____	M / F _____	Age _____	Birthdate _____
Address _____	City _____	Zip _____	
Home Phone _____	Email* IMPORTANT* _____		
Parent 1: Name _____	Cell Phone _____	Occupation _____	
Parent 2: Name _____	Cell Phone _____	Occupation _____	
Emergency Contact _____	Relation _____	Phone _____	

Please list any health problems/restrictions we should be aware of _____

How did you hear about IMAGYMNATION (circle one):

FRIEND (Name): _____ BIRTHDAY PARTY (Name): _____

Web/Internet _____ Welcome to Neighborhood _____ Simi Reporter _____ Other: _____

RULES & POLICIES. I have read and understand the rules and policies of IMAGYMNATION GYMNASTICS, as stated on the IMAGYMNATION GYMNASTICS RULES & POLICIES page. (Also online for reference)

RELEASE. I hereby consent to the above named student participating in structured and supervised classes on equipment owned and/or used by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, and hereby agree that I for myself, my children, adopted or otherwise, my heirs and executors waive and release any and all right and claims for damages that I may have any time against SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, or their agents and representatives for any injury or damages in connection with my association or entry in gymnastics or other activities sponsored by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS.

PERMISSION FOR MEDICAL TREATMENT. I confirm that the above named student is in good health and has had a physical exam within the past year. I hereby authorize consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act. The authorization is given pursuant to the provision of section 25.8 of the civil code of California and shall remain effective until revoked in writing.

ACKNOWLEDGEMENT OF ASSUMPTION OF RISK. I do hereby request the use of the SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, and its facilities and equipment for the improvement of gymnastics and/or athletic skills. I recognize the potential injuries which can occur in gymnastics, especially trampolining, with the amount of head inversion required in the somersaulting tricks, particularly with the increasingly complex routines being developed. I also recognize that injury can result from folding, unfolding, transporting in setting up gymnastics equipment. I am under no compulsion by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, to use the gymnasium facilities, nor am I being paid to do so. My interest is solely in the sport and my own self improvement. In consideration of SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS' s allowing me to use these facilities, I, hereby forever release SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, its directors, its coaches, sponsors, volunteers, and any member for any and all damages and injuries suffered by myself in connection with said use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any activity involving unusual motion.

I have read and understand the above RULES & POLICIES, RELEASE, PERMISSION FOR MEDICAL TREATMENT, and ACKNOWLEDGEMENT OF ASSUMPTION OF RISK. I voluntarily sign my name in agreement.

Parent/Adult Signature X _____

Date _____

(first)

Name: (last)