

## **Birthday Party Waiver**

Name of Participant:				Gender:	
	First	Initial	Last	 M/F	
DOB: mm/dd/yyyy	Home Phone Number: mm/dd/yyyy		Cell Number		
Mailing Address:					
Street #/PO Box #	Street Name		City/Town	Postal Code	
Email Address:					
Birthday Child's Shirt S	ize: Birt	hday Child's Age on	Birthday:		
· -			Mental or Physical Co	nditions or any other pertinent	
Name of Parent(s)/Guardian(s) :			Work Number:		
Emergency Contact (if	we cannot reach parent,	/guardian):			
	Name	Rela	ationship	Phone Number	
Do you authorize Cam	pia Gymnastics to use yo	ur child's picture/vi	deo for promotional pu	rposes? 🗆 Yes 🗆 No	
Acknowledgement of	Risk and Consent to Par	ticipate and Medica	I Treatment Section:		
To: Campia Gymnastic	s Club Inc. and Gymnasti	cs Newfoundland ar	nd Labrador (GNL)		
my child's ability to p	articipate in this progrants of risk that involve p	<b>m</b> . I am aware that	gymnastics and tramp	ysical problems that may affect oline activities, by their nature, his element of risk and agree to	
	-	-		cal Section of the form and fect the safety of the participant.	
minor child are presen				Il guardian of the above noted nastics or GNL authorizing	
Dated at the Campia	Gymnastics, facility of, 20	Mt. Pearl, in the p	rovince of Newfoundl	and & Labrador, this day of	