



Gymtowne Gymnastics Coastsides

Party Permission Slip/Release

Child's Name: _____ Birthdate: _____

Parent: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone #: _____ Gymtowne Member? _____

Email Address: _____

I understand that my child will be participating in a gymnastics activity at Gymtowne Gymnastics Coastsides located at 850 Airport Street, Suite 7 in Moss Beach, CA. I understand that as with all physical activities, there is a chance for injury. I therefore hold Gymtowne Gymnastics Coastsides, its employees, and its officers harmless should any injury occur.

Signed: _____
Parent or Guardian Date