

You're invited to ... a Gymnastics Birthday Party!!



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
Guest(s) Name:

PLACE  
STAMP  
HERE

OFFICE LOCATION:  
COLLEGE AVENUE GYMNASIUM  
130 COLLEGE AVE  
NEW BRUNSWICK, NJ 08901  
(848) 932-7155

SCARLET KNIGHTS GYMNASTICS  
ACADEMY

## You're Invited to a Gymnastics Birthday Party...

... at SKGA's world class facility at the Livingston Recreation Center in Piscataway, NJ!

For: \_\_\_\_\_ Age: \_\_\_\_\_

Date/Time: \_\_\_\_\_

R.S.V.P. by: \_\_\_\_\_ at Phone Number: \_\_\_\_\_

Location: Livingston Recreation Center

62 Road 3, Piscataway, NJ 08854



**Parent of Participants must complete the following form and bring it to the Party:**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Gender: F / M Age: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

**RELEASE—MUST BE SIGNED IN ORDER FOR YOUR CHILD TO BE ALLOWED TO PARTICIPATE:**

All precautions will be taken to prevent accidents. Simple First-Aid will be administered to all minor injuries. Parents and/or paramedics, ambulance or doctor may be called when necessary. It is hereby agreed that I, my child (ren), my heirs and executors, waive and release all rights and claims for damages that I may have at any time at Scarlet Knights Gymnastics Academy (SKGA). I understand that participation in gymnastics and use of its equipment may cause injury (both minor and severe), paralysis, and even death. In such a circumstance, I do not hold Scarlet Knights Gymnastics Academy or its staff and coaches responsible for any injury. By signing below, I agree that all the risks involved in respect to such a program are fully understood and I agree to the previous statements. This release is valid at all terms or months my family and I are enrolled or participating in a party.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SCARLET KNIGHTS GYMNASTICS

## ACADEMY

OFFICE LOCATION:  
COLLEGE AVENUE GYMNASIUM  
130 COLLEGE AVE  
NEW BRUNSWICK, NJ 08901

PLACE  
STAMP  
HERE

Guest(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*You're invited to ... a Gymnastics Birthday Party!!*

# You're Invited to a Gymnastics Birthday Party...

... at SKGA's world class facility at the Livingston Recreation Center in Piscataway, NJ!

For: \_\_\_\_\_

Age: \_\_\_\_\_

Date/Time: \_\_\_\_\_

R.S.V.P. by: \_\_\_\_\_ at Phone Number: \_\_\_\_\_

Location: Livingston Recreation Center

62 Road 3, Piscataway, NJ 08854

Parent of Participants must complete the following form and bring it to the Party:

Child's Name: \_\_\_\_\_

Gender: F / M \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

## RELEASE—MUST BE SIGNED IN ORDER FOR YOUR CHILD TO BE ALLOWED TO PARTICIPATE:

All precautions will be taken to prevent accidents. Simple First-Aid will be administered to all minor injuries. Parents and/or paramedics, ambulance or doctor may be called when necessary. It is hereby agreed that I, my child (ren), my heirs and executors, waive and release all rights and claims for damages that I may have at any time at Scarlet Knights Gymnastics Academy (SKGA). I understand that participation in gymnastics and use of its equipment may cause injury (both minor and severe), paralysis, and even death. In such a circumstance, I do not hold Scarlet Knights Gymnastics Academy or its staff and coaches responsible for any injury. By signing below, I agree that all the risks involved in respect to such a program are fully understood and I agree to the previous statements. This release is valid at all terms or months my family and I are enrolled or participating in a party..

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

