

**MILLS GYMNASTICS USA**

**13300 Reeck Rd.**

**SOUTHGATE, MI 48195**

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**BIRTHDAY PARTY  
PARTICIPATION AGREEMENT**

Group: \_\_\_\_\_ Person in charge: \_\_\_\_\_

Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. **READINESS TO PARTICIPATE:** The student named above is physically and mentally able to participate in all activities associated with the birthday party at Mills Gymnastic USA.
2. **FULLY INFORMED:** The officers and staff of Mills Gymnastic USA have been fully informed of any special physical or mental conditions that could influence the type, duration, or intensity of activity the student may participate in.
3. **WAIVER AND RELEASE:** I am fully aware of and accept the risks of injury that can happen doing gymnastics, tumbling, and related activities. I further agree that Mills Gymnastic USA, L.L.C. along with its employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of the student's participation in the birthday party.
4. I do hereby verify that I fully understand this document; the risks involved, and accept the above three (3) conditions for permitting my child to participate in the birthday party at Mills Gymnastics USA, L.L.C.

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Parent home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

**\*\* Only the birthday child's parent is allowed out on the floor\*\***