SALEM GYMNASTICS SPORTS CENTER
PERMISSION SLIP

Student's Name _____Birthdate _____

Address _____

City, State, Zip _____

Parent's Name(s)_____Home Phone_____

Cell phone _____ E-mail _____

WAIVER OF LIABILITY: I hereby release Salem Gymnastics Center, LTD, its Officers, Directors, and Instructors from all claims of liability including injuries that could occur while my child is at Salem Gymnastics Center. (Students ages 18 and over must sign for themselves)

_____

Parent or Legal Guardian Signature Date

Visit us online for a complete listing of programs, classes, prices, and camps!

SalemGym.com

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