



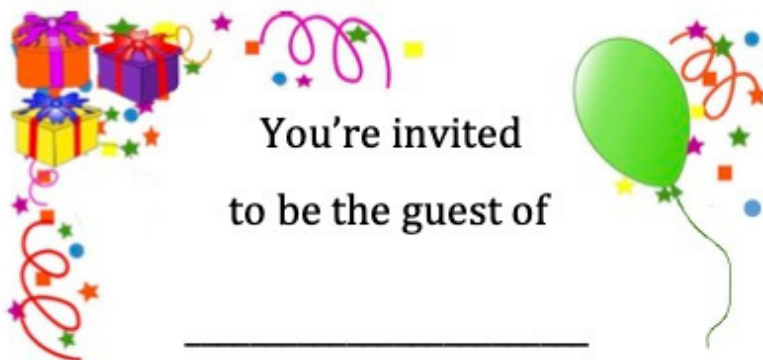
We are conveniently located in the EAST BROOK MALL across from Famous Footwear.

In order for your child to participate in the ninja & gymnastics activities, complete this form and bring it with you to the special event.
Thanks for your cooperation.

Name of child _____
 Emergency Contact Phone _____
 DOB ____/____/____ Age _____
 Address _____
 Parent's name _____
 e-mail address _____

Acknowledgement of Risk, Waiver of Liability and Indemnity Agreement: In case of emergency and I cannot be reached, I authorize the staff of Frog Bridge Gymnastics, LLC to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I hereby give my consent to my child's participation in the activities of FBG and hereby absolve, release, and hold harmless Frog Bridge Gymnastics, LLC its employees, instructors, agents, directors and officers from any and all liability for any injuries or damages that my child may suffer in connection with the activities sponsored by FBG. I hereby consent to his/her participation in gymnastics, ninja training, games and other activities offered by FBG. I understand that participation in gymnastics, ninja training, games and other activities being conducted by FBG may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even, death from various causes, known and unknown, which include, but are not limited to, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, ninja training, games or other activities offered by Frog Bridge Gymnastics, LLC and the possibility of injury from participating in the aforementioned activities. I fully understand that if my child participates or I participate or assist my child during activities it is at our own risk of injury.

Parent's signature _____ Date _____



You're invited
 to be the guest of

_____ for a "hopping good" birthday party!

Frog Bridge Gymnastics & Ninja
 95 Storrs Road
 Mansfield/ Willimantic CT 06226
 (860)786-7107

NOW LOCATED IN THE EAST BROOK MALL!

Date _____ Time _____

Please RSVP to _____ at _____

Please remember to wear clean, secure fitting sneakers and loose-fitting clothes that are easy to move around in and bring your own full water bottle. No zippers, belts, buckles or jewelry.

All participants must have a signed Birthday Invitation Waiver & Release in order to participate.