



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 in 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 it's 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 _____

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

95 Storrs Road
Mansfield/Williamantic CT 06226



You're invited
to be the guest of

for a "hopping" good birthday party!

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 water bottle. No zippers, belts, buckles, or jewelry.

All participants must have a signed waiver & release in order to participate.

