

Please fill out the form below and bring to Supernova Gymnastics on the day of the party. Family Name: Parents First Name: Participant Name: Date of Birth: Address: Postal Code: Home#: Waivers By signing this form I, acknowledge that I am aware that there are risks involved with participating in the sport of gymnastics and trampolining. I understand that the Supernova Gymnastics Club has tried to create a safe and controlled environment and that there are rules t all participants. I waive the rights of th others costs in the event that injury is a gymnastics or trampoline. Signature of parent/legal

Please RSVP tel:

that must be adhered to by he participant to damages or aused by participating in	bring your smiles
	Bring your friends
	Everyone gets free trials.
	Bring your energy and Gym clothes too
	Hair goes up
	Hands Up too!
ts are welcome too	Fun and Laughter is what we do!



This invitation entitles the party guest to a free trial class at Supernova Gymnastics Club

Come jump, shout, twist,
flip and play at
Supernova
Gymnastics.
Help
celebrate their birthday!

Date:
Time:
Location: 1255 Terwillegar Ave Unit 11
Oshawa, Ontario

Phone:
Please wear appropriate gym clothes
Bring your smiles
Bring your friends