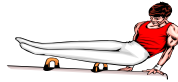


# SWISS TURNERS

## GYMNASTICS ACADEMY



### Birthday Party - Permission Slip

Birthday Child: \_\_\_\_\_

Party Date: \_\_\_\_\_ Time: \_\_\_\_\_

Note: Your child will be participating in gymnastic activities. Have them dress appropriately (leotards or shorts and T-shirt). This form must be signed by the child's parent or guardian and returned to Swiss Turners prior to your child's participation.

---

I give my child \_\_\_\_\_  
permission to participate in gymnastics activities at Swiss Turners.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Guest Child's B-day: \_\_\_\_\_ Age: \_\_\_\_\_

Guest's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guest's Phone: \_\_\_\_\_

2214 South 116th St., West Allis, WI 53227  
(414) 321-4340 ~ www.swissturners.com

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