

**Directions to Aim High Academy**

**From Providence:**

95 South to exit 9 (Route 4 south)

Route 4 South to exit 6 (Route 2 South)

Half a mile on the right (just after Richards Pub)

**From South County:**

Route 1 North to Route 4 North

Take Exit 5,

After second light

Half a mile on the left (just before Richards Pub)

(401) 886-STAR (7827)



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You Are Invited

To a Birthday Bash At

Aim High Academy!



FOR \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
RSVP \_\_\_\_\_



Happy Birthday!



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FOR \_\_\_\_\_  
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Happy Birthday!



**\*\*Reminders\*\***

- 1. All Party Guests must be at least 4 years old
- 2. Arrive on time with lots of energy & a big smile!!
- 3. Party guests should wear gym clothes/active wear
- 3. Please call 886-STAR (7827) if you have any questions or need more information!

**4. Bring Permission Slip**



3355 South County Trail East Greenwich, RI 02818  
 (401) 886-STAR (7827) Fax (401) 398-0285  
 www.aimhighacademy.com

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**Permission Slip**

**\*Bring to Aim High on day of the Party\***

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_



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

Emergency Contact Name & #: \_\_\_\_\_

Email\*: \_\_\_\_\_

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving sports, coordination events, and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter is physically fit for any exercise activity. If your son or daughter has any physical condition that may impair their ability to engage in these activities it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

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

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