



GYMNASTICS... GYM FOR TWO!!
BRING A FRIEND AND ENJOY THE FUN TOGETHER.

March 14th - 19th, 2011
BRING A FRIEND WEEK

Any friend invited to take part in Bring a Friend Week must have their permission slip to the front desk no later than Saturday, March 12th, in order to attend. This permission slip must be signed by his or her parent or legal guardian. If the front desk does not have this permission slip, he or she will NOT be allowed to participate. Parents are strongly encouraged to come and see what our gymnastics classes are all about.

Little Stars Gymnastics Classes Simple Wonders 1 & 2 Sunshines Kinderstars

Girls Rising Star Classes Little Dippers Starlights Starbrights Big Dippers Supernovas Auroras

Boys Rising Star Classes Boys Sunshines Cosmonauts Astronauts Space Troopers Mission Commanders

Tumbling Classes: (boys & girls) Beginner Tramp & Tumbling

Girls Pre-Competitive (1st hr. only) Shooting Stars (Monday only)

Boys Pre-Competitive: Top Guns (Tuesday only)

Permission to Participate

IN AIM HIGH ACADEMY'S BRING A FRIEND WEEK March 14-19, 2011

**** You must have permission slip in by Saturday, March 12th****

****This must be signed and returned, mailed or faxed to the front desk in order to participate****

GUEST'S NAME: _____ **D.O.B.:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

YOU UNDERSTAND THAT YOUR SON OR DAUGHTER, NAMED ABOVE, 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 HAS ANY PHYSICAL CONDITION THAT MAY IMPAIR THEIR ABILITY TO ENGAGE IN THESE ACTIVITIES. IT IS YOUR RESPONSIBILITY TO OBTAIN A PHYSICIANS STATEMENT DESCRIBING ANY LIMITATIONS TO PARTICIPATE IN THIS PROGRAM. IT IS ALWAYS ADVISABLE TO CONSULT YOUR PHYSICIAN PRIOR TO UNDERTAKING ANY PHYSICAL EXERCISE PROGRAM.

PARENT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

NAME OF FRIEND WHO ATTENDS AIM HIGH: _____

CLASS DAY: _____ **CLASS TIME:** _____