



**AIM HIGH ACADEMY II (JOHNSTON)
GYMNASTICS... GYM FOR TWO!!
BRING A FRIEND AND ENJOY THE FUN TOGETHER.**

**February 11th - 16th, 2013
BRING A FRIEND WEEK**

Any friend invited to take part in Bring a Friend Week must have their permission slip to Aim High no later than Saturday, February 9th, in order to attend. This permission slip must be signed by his or her parent or legal guardian. If we do 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 Sunshines Kinderstars
- Girls Rising Star Classes Little Dippers Starlights Starbrights
- Boys Rising Star Classes Astronauts
- Tumbling Classes: (boys & girls) Beginner Tumbling
- Girls Pre-Competitive Pre-team

Permission to Participate

IN AIM HIGH ACADEMY'S BRING A FRIEND WEEK February 11-16, 2013

**** You must have permission slip in by Saturday, February 9th ****

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

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

EMAIL ADDRESS: _____

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:** _____