

**ALL SMILES - ALL AMERICAN BIRTHDAY PARTY REGISTRATION**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Medical Problems: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read carefully and sign**

I, the undersigned participant and parent or guardian, if under eighteen, desiring to participate in the ALL SMILES - ALL AMERICAN GYMNASTICS programs and all special activities, hereby release and agree to indemnify and save harmless ALL SMILES – ALL AMERICAN GYMNASTICS, their employees from any and all claims of any nature for injury or loss that may result from such participation or preparation for such participation. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special event. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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