

Parent Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 (Child's full name)  
 has my permission to attend a Birthday Party at:  
**Elite Athletics**

I hereby waive and release Elite Athletics Staff and Elite Athletics from any and all liability any injuries and illness incurred while attending the birthday party. I understand that participating in gymnastics and various sports activities involves motion and carries with it the risk of injury. Please fill out the permission slip below and send it with your child to the party.



**Directions from Appomattox:**

Take US-460 BUS W toward N Church Street. Continue to follow US-460 BUS W. Turn left to merge onto US-460 W/VA-24 W toward Lynchburg. Continue to follow US-460 W. Turn left at County Road 646/Doss Road. Elite Athletics is on the left.

**Directions from Lynchburg:**

Take US-460 E. Turn right at County Road 646/Doss Rd. Elite Athletics is on the left.

1481 Building 2 Doss Road  
 Concord, VA 24538  
 434.993.3533



Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Supervising Parent: \_\_\_\_\_  
 RSVP to: \_\_\_\_\_

Please come 5 minutes before the scheduled birthday party time. Be sure to wear comfortable clothing, you will be doing a variety of gymnastics activities.



You are invited to attend a Birthday Party for:



**You're Invited!**