

AT TOP FLIGHT ATHLETICS



FOR

PARTY

YOU'RE INVITED TO A

**WE WOULD LOVE FOR YOU
TO COME TO OUR PARTY.
PLEASE MARK YOUR
CALENDARS.**

DATE: _____

TIME: _____

PLACE: TOP FLIGHT ATHLETICS



812-662-9912

1424 N. LIBERTY CIRCLE W.
GREENSBURG, IN 47240

TOP FLIGHT ATHLETICS



DIRECTIONS TO

TOP FLIGHT ATHLETICS is a safe environment but, as with any sport, there are risks involved during activity. This waiver must be signed and given to Top Flight staff before you child will be allowed to take part in the party.

Child(ren) Name(s)

Party Date _____

Participation Waiver- TOP FLIGHT ATHLETICS

I give my child(ren) permission to participate in activities during the birthday party at Top Flight Athletics. I understand that accidental injury can take place due to the nature of the activity and I assume responsibility and waive any claim for compensation for accidental injury incurred by my child(ren) while at Top Flight Athletics. Any photos taken at Top Flight Athletics may be used for display advertising.

X _____

Legal guardian signature

Date