

Acrofitness® Birthday Party Information

Wear comfortable clothing, you'll be spinning around and going upside down!

Bring this parental consent & wavier form; **you will not be able to participate in an Acrofitness® birthday party with out it!**

WEAR CLEAN TENNIS SHOES, no high heels, flip flops, sandals, or bare feet! SOCK ARE MANDATORY FOR THE JUNGLE GYM PLAY AREA AND MUST BE WORN AT ALL TIMES.

Directions

Our address is: 179 Overhill Dr. Mooresville, NC 28117

Going North on I 77, exit 36, take Right. 150 East

After passing the light at Wendy's, (on your right)

Go to the next light and turn left (**at Zaxbys**) onto Corporate Center Dr.

Follow to stop sign,

Cross intersection onto Uppercrest Rd.

You will see the yellow building with the red stripe on your left!

Parental Consent & Medical Wavier

I understand that my son/daughter will be participating in a street tumbling, dance and/or fitness party. As with any physical activity there is potential for injury. I therefore waive and release all rights and claims for damages that my son/daughter may have against the instructors and facility for any injury that might occur at the Acrofitness® studio as a result of this activity. I understand that any pictures taken by the Acrofitness® staff, at the Acrofitness® studio become the sole property of Acrofitness® and may be used at their discretion.

Please be advised that if your son/daughter is currently under the regular care of a physician, has high blood pressure, is taking prescription medication, or has a history of cardiovascular, back, knee or shoulder disorders, we will require a physician's note granting your son/daughter permission to participate in the party. It is your responsibility to inform our staff of all allergies, previous broken bones, sprained or strained muscles and ligaments or any medical condition that may put this participant at further risk.

Date _____ Email _____

Parent's Signature _____ Cell # _____

Child's Name _____

I understand that Acrofitness® requires tennis shoes to participate in all their activities. My child does not have the appropriate footwear at this time; therefore I assume all responsibility for any injury resulting from not having the proper footwear.

Parent's Signature _____ Date _____