

# Broadway Gymnastic School

## All Night Halloween Party

### Saturday, October 25, 2014

#### Permission Form

I, \_\_\_\_\_ the Parent/Guardian authorize my child,  
\_\_\_\_\_ to attend the All Night Halloween Party at  
Broadway Gymnastic School on Saturday, October 25, 2014. I understand that he/she will be  
supervised by BGS Coaches for the entire evening.

In the event of an injury to my child, I authorize Broadway Gymnastic School to employ the  
services of a physician, hospital or medical facility to treat my child without prior notification, and  
I shall be responsible for all medical expenses incurred. Further, I release Broadway Gymnastic  
School and its employees from any damages. My child presently has a current, signed Emergency  
Card on file at Broadway Gymnastic School.

Special Medical Needs \_\_\_\_\_

Special Overnight Needs \_\_\_\_\_

Food Allergies or Restrictions \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Parent/Guardian Signature Cell Phone # Date

#### **Party Only**

Drop off is 6:30 PM Saturday

Pick up by 11:00 PM Saturday

#### **Don't Forget to Bring:**

- \* Costume for the Parade @ 7:00 \*
- \* Gymnastics Leotard/Shorts & T-Shirt \*
- \* Signed Permission Form \*

#### **Party & Sleepover**

Drop off is 6:30 PM Saturday

Pick up is 9:00 AM Sunday

#### **Don't Forget to Bring:**

- \* Costume for the Parade @ 7:00 \*
- \* Gymnastics Leotard/Shorts & T-Shirt \*
- \* Toothbrush & Toothpaste \*
- \* Comb or Brush \* Pajamas \* Sleeping Bag  
and Pillow \* Signed Permission Form \*