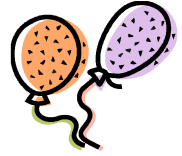


Club Kicks Birthday Party Release Form



Participant Name: _____ Birthdate: _____

Address _____ Zip _____ Phone # _____

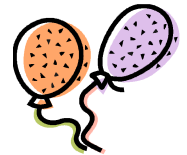
My child, _____, has my permission to participate in the Club Kicks Birthday Party for _____ on _____. I realize there will be dancing, cheering, game playing and the Club Kicks staff uses the utmost caution. I release Club Kicks and its employees of any harm or injury that may occur to my child.

Parent/Guardian Signature Date

I would like to be on the Club Kicks, Inc mailing list.

Club Kicks, Inc
4820 Rent Worth Drive
Lincoln, NE 68516
423-4048
www.clubkicks.com

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